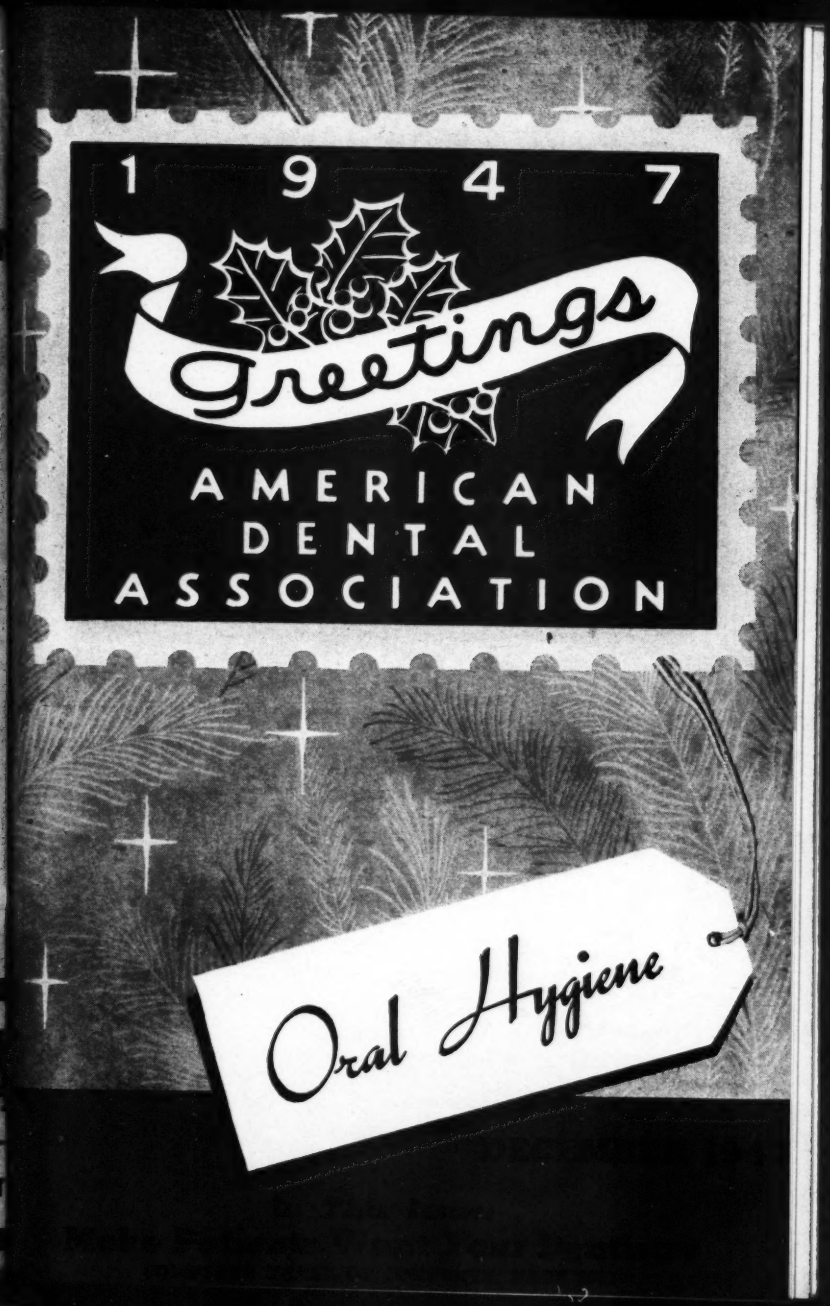

1 9 4 7
Greetings
AMERICAN
DENTAL
ASSOCIATION
Oral Hygiene

Perfection

ALWAYS DEPENDABLE!

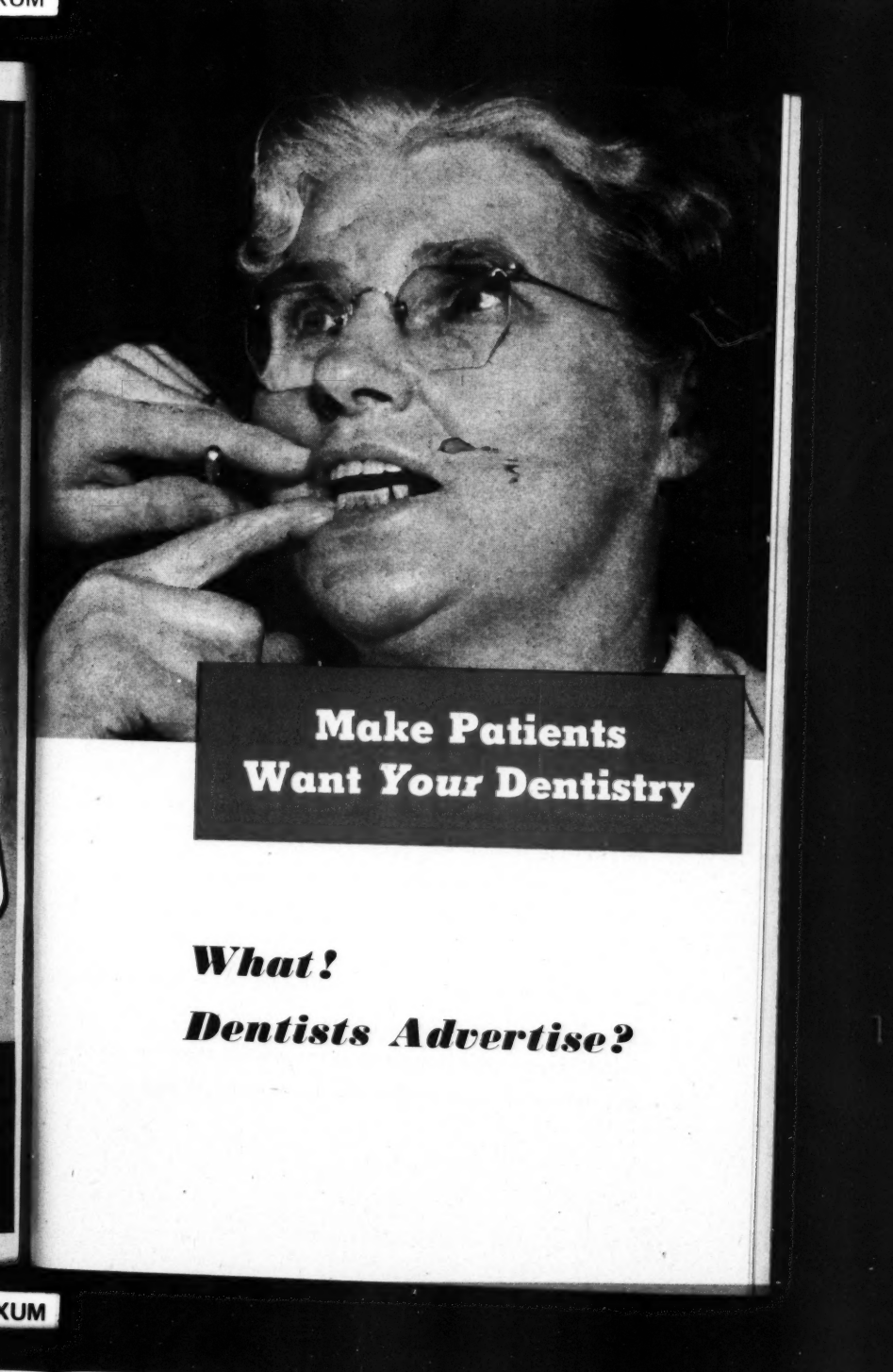
With the Perfection Casting Machine, casting becomes the simplest step in the production of any cast restoration from inlay to denture. The only additional equipment needed for large castings is a set of Akers flasks, Akers counterweight and extra large crucible.

Perfection Casting Machine $30.00
Equipment for large castings 4.25

CLEV-DENT

THE
CLEVELAND
DENTAL MANUFACTURING CO.
CLEVELAND 1, OHIO

"Serving the Profession Since 1893"


Make Patients
Want Your Dentistry
What!
Dentists Advertise?

No . . . No one is suggesting that individual members of the dental profession take magazine and newspaper space to "sell" the advantages of regular dental care to their patients . . . but a thoughtful, analytical dentist *is* urging his fellow dentists to make intelligent use of *the appeals which advertising has proved are effective.*

Doctor Douglas W. Stephens, in his article, "Make Patients Want Your Dentistry,"* tells his colleagues:

"If we of the dental profession are to keep our offices filled with paying patients, we must make the public want our services as much or more than they do new cars, washing machines, radios, and all the other products being rushed to a goods-hungry market."

He explains some of the difficulties of such a sales job, summarizes the reasons why people are reluctant to "buy" dentistry, and gives concrete suggestions as to how the dentist can use sound sales psychology to stimulate greater interest in dental health and dental care.

You, as an advertiser, will be interested in the author's adaptation of advertising principles to professional use . . . As a *dental* advertiser, you will perhaps be even more interested in the article as a typical example of Oral Hygiene's practical help to dentists.

Only in Oral Hygiene, does the dentist find such articles as this! Other dental magazines concentrate on the techniques and procedures of dentistry: *only Oral Hygiene* gives major attention to the problems of the *dentist himself*—the difficulties of building and managing a practice, the complexities of patient relations, professional trends, collections, income, taxes, and the dozens of subjects which affect the dentist *personally*.

Because Oral Hygiene helps the dentist with the *personal* problems he encounters in his practice and profession, his response to its articles (and its advertisements) is warmer and friendlier than it could be if the magazine were a purely technical journal. It is this warmth—this friendliness—that builds reader confidence and gives added force and value to your advertisements in

Oral Hygiene

OVER 36 YEARS OF SERVICE TO THE DENTAL PROFESSION

**December issue, Oral Hygiene*

ORAL HYGIENE PUBLICATIONS
1005 Liberty Avenue, Pittsburgh 22, Pa.

★

NEW YORK: 7 East 42d Street
Stuart M. Stanley, Vice President and
Eastern Manager

★

CHICAGO: 870 Peoples Gas Building
John J. Downes, Western Manager

★

ST. LOUIS: Syndicate Trust Building
Carl A. Schulenberg

★

LOS ANGELES: 1709 West 8th Street
SAN FRANCISCO: 68 Post Street
Don Harway, Pacific Coast Manager

The Publisher's Corner

By Mass **Number 318**

HOW TO KEEP YOUNG

THE OTHER DAY at an Odontological Society luncheon here in Pittsburgh, my good friend Dean Moor of Trinity Cathedral was the guest speaker, introduced by his friend and mine, Doctor Homer Butts. As usual, the Dean delighted all of us—and, as usual, he taught us something about making the best of things in the life we're leading. This time, although he says he never has a topic, he talked mainly about how to keep young.

But first he told of watching an old boy shovel the last of a load of coal into the deanery basement. "My, but that was a lot of coal to have to shovel!" the Dean commented. "That's real hard work." The handyman grinned. "Not so bad, Reverend, not so bad," he said. "You see, you got to lift only *one* little old shovelful at a time." The Dean never forgot that, has apparently thought about it often when he had a terribly tiresome-looking job to do.

The men at the luncheon will remember it, too, I think. I know I shall. Think it over. Every job of work any of us has to do, however gigantic it looks to be, is really a combination of relatively small tasks. You can't do a flock of things at one swell foop—and any difficult project is a flock of things-to-do, a medley of relatively small jobs.

A shovelful at a time does it. They built the Panama Canal that way. Even to an engineer, originally that could have looked like a dismaying undertaking—eyed as a single job. But it wasn't *an* undertaking so much as it was, like every other difficult-looking project, a combination of things-to-do. A shovelful of dirt at a time, a scuttle of concrete at a time, a blueprint at a time, a steel beam at a time.

Few of us have to build Panama Canals, but some of the tasks we are supposed to accomplish appear to be almost as big and baffling. The restoration of a badly neglected mouth can be like that. But, after all, even a highly complex dental operation is done a shovelful at a time, not as a single act. You do this to this, and that to that, and something else to something else, and finally all the coal is shoveled. That's true no matter how complex the case unless it is an impossible task. (Don't worry about that kind, says the Dean.) If you keep the coal-shoveling notion in your noggin, the Dean taught us, you won't get all of a-twitter when you face a complicated undertaking—if you remember that "it's not so bad, not so bad! You see, you got to lift only *one* little old shovelful at a time."

As for myself, I hope always to remember it, and to console and calm myself when, for example, here at ORAL HYGIENE we start to work on a new issue of one of our magazines. The tendency is to picture in your mind's jaundiced eye the forthcoming issue as a whole—a single pile of coal weighing tons. But, after all, the tons are pounds, ounces for that matter. And who can't lift a few little old pounds of coal? Who can't smack one typewriter key at a time on the job of concocting an article? Who can't read one word at a time on a proofsheet? Who can't decide to make one little cut this big or that big? Nobody has to rare back and pass one great big miracle. Nobody has to put

his head down and go charging—bam!—into the job to be done, like a bull trying to break out of a pen.

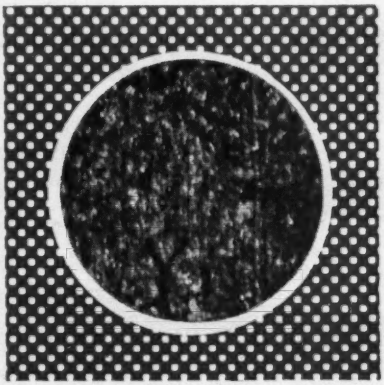
Easy does it—and I hope to remember.

Talking about keeping young, Dean Moor expressed his deep conviction that most of us need to broaden our horizons by exposing ourselves to more and more friendships, and by rebuilding old friendships—seizing opportunities of meeting new people, and knowing the joy of discovering fascinating new personalities in all walks of life. Some of the Dean's own best friends are newsboys: they teach him worthwhile ideas he says, stimulate his thinking, freshen up his point of view.

Rebuilding old friendships stimulates him too. Most of us are guilty of letting old friends drift away, even some of those who still live nearby. The Dean told of talking on the phone to an Atlanta friend he hadn't heard from since he himself left there years ago to come here to Trinity. In an instant, he said, when he heard his friend's voice he recaptured the feeling of the old days down in Georgia. A parade of happy memories pranced through his brain and, although he'd been tired when the phone rang, the years fell away and he felt young and spry again.

A dental office, or a publishing office, gets to be a sort of ivory tower where day after day we see and talk most of the time to the same people. As age comes creepy-creepy, it seems too much bother to seek new friends or to hunt up old ones. But we, almost desperately, want to keep young don't we?

The Dean lifted up our ageing hearts and I think everyone must have gone back to work convinced that we need not feel so old.



hard facts *about* durallium

The hard facts about Durallium can be summed up under one heading . . . physical and chemical characteristics that are excellent in cast restorations.

Durallium casts to precision tolerances . . . offers high elasticity and tensile strength . . . provides the density and hardness which mean continued resistance to surface wear and tear. Acid-resistant . . . abrasion-proof . . . torque-resistant . . . non-crystallizing . . . Durallium also permits invisible junctions whenever additions are needed.

available through your qualified Durallium laboratory

DURALLIUM *products corp.*

ESTABLISHED 1936

225 NORTH WABASH AVENUE • CHICAGO 1, ILLINOIS

an M-O-D calls for N-P-C and

"the Difference that's Distinctive"

Just as an M-O-D preparation is a challenge to your operative skill, so, too, does protracted involvement of hypersensitive dentin render it a stern challenge to a local anesthetic.

If you've used Novocain-Pontocaine-Cobefrin, then you know how effectively not only this particular challenge but also the similar ones posed by so many other routine operative procedures can be met. You've seen the distinctive difference "NPC's" greater depth, increased density and longer duration invariably make. And you know that all of this is accomplished without an increase in either vasoconstrictor content or a perceptible decrease in patient toleration.

Check your supply of "NPC" today. You wouldn't want to run low!

npc

DEEP Anesthesia, LONG LASTING Anesthesia WITHOUT ADDED VASOCONSTRICTOR

Novocain-Pontocaine-Cobefrin

COOK-WAITE Laboratories, Inc.

Cook-Waite Laboratories, Inc., 170 Varick Street, New York 13, N.Y.

Sal Hepatica

acts by simple osmosis, to increase the bowel's fluid content and soften fecal residue.

Gentle fluid bulk

produced by Sal Hepatica evokes peristalsis and evacuation by normal physiologic means.

APERIENT

LAXATIVE

CATHARTIC

PRODUCT OF BRISTOL-MYERS • 19 WEST 50 STREET • NEW YORK 20, N.Y.

PRECIOUS METALS — STERN GOLDS — I. STERN & COMPANY, INC. — 50th ANNIVERSARY

STERN ANNIVERSARY EMBLEM *highlights* A HALF-CENTURY OF PROGRESS

View of original plant of I. Stern taken in 1897 shows the ENTIRE equipment and staff.

TODAY, STERN plants and offices comprise 40,000 square feet of floor space, every inch scientifically laid out. The two man "staff" of 1897 has grown to a small army of experts—metallurgists, research workers, factory craftsmen and sales, office and shipping personnel.

STERN GOLDS
ESTABLISHED 1897

I. STERN & CO., INC., 233 Spring St., New York 13, N.Y.

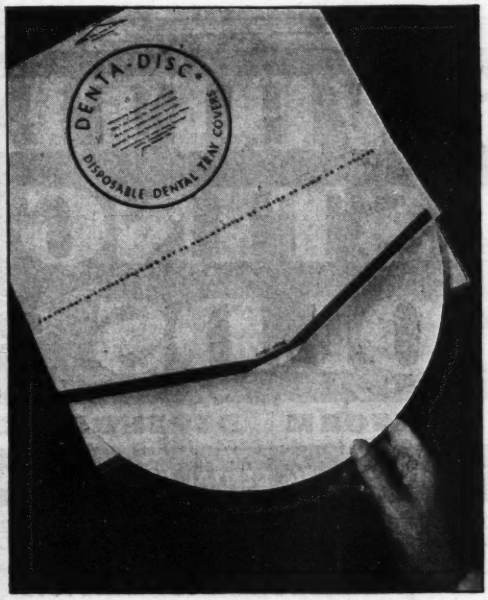
Little Things Make Such a *Big* Difference

And in your offices, too, it is so often the little things that patients observe. Denta-Disc Dental Tray Covers give you better impressions and a better product all in the same clean, professional-looking dispenser package. Scientifically selected cream color eliminates annoying light reflections . . . paper produced by the manufacturer's own mill provides controlled absorbency. Smooth, perfectly rounded edges, and neat appearance—unmarred by printed matter or trade-marks—make Denta-Discs the kind of product you *want* in your offices.

DENTA-DISCS*

Manufactured by Ward Paper Company
MERRILL, WISCONSIN

Only Denta-Discs have the exclusive dispenser package • Keeps supply of 100 Discs clean and sanitary . . . allows you to withdraw individual coverings as you require them—quickly and conveniently. (Denta-Discs are also available in 500 count cartons.)

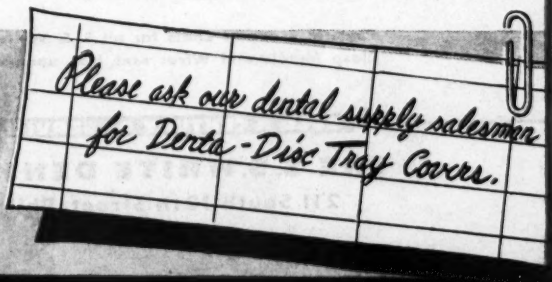


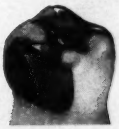
You'll be pleased to note the appreciable saving you enjoy when you use Denta-Discs, for they are substantially less expensive than other quality tray coverings.

Just clip the handy reminder provided below and give to your receptionist.

Available through your favorite Dental Supply House

*T. M. Reg.





Popular

S.S.WHITE INLAY GOLDS

No.900 — *(SOFT) Coin Gold Color. For "overlay" type restorations and inlays subject to moderate occlusal stress.

No.820 — *(MEDIUM HARD) Light Coin Gold Color. For m.o.d. and simple inlays, ¾ crowns, pontics and posterior abutments.

No.13 — *(HARD) Dark Coin Gold Color. For hard inlays, thin ¾ crowns, incisal angles over facings, slice preparations, pontics and anterior bridge abutments.

*Comply with A. D. A. Specification No. 5

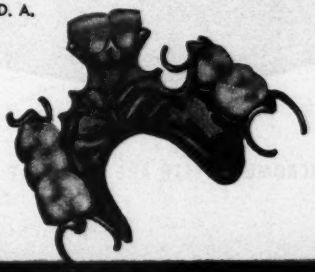
S.S.WHITE PARTIAL DENTURE GOLDS

No.41 — **METALBA. Platinum Color (Extra Hard). For all types of clasps, bars, partial dentures, inlays, ¾ crowns, abutments and bridges.

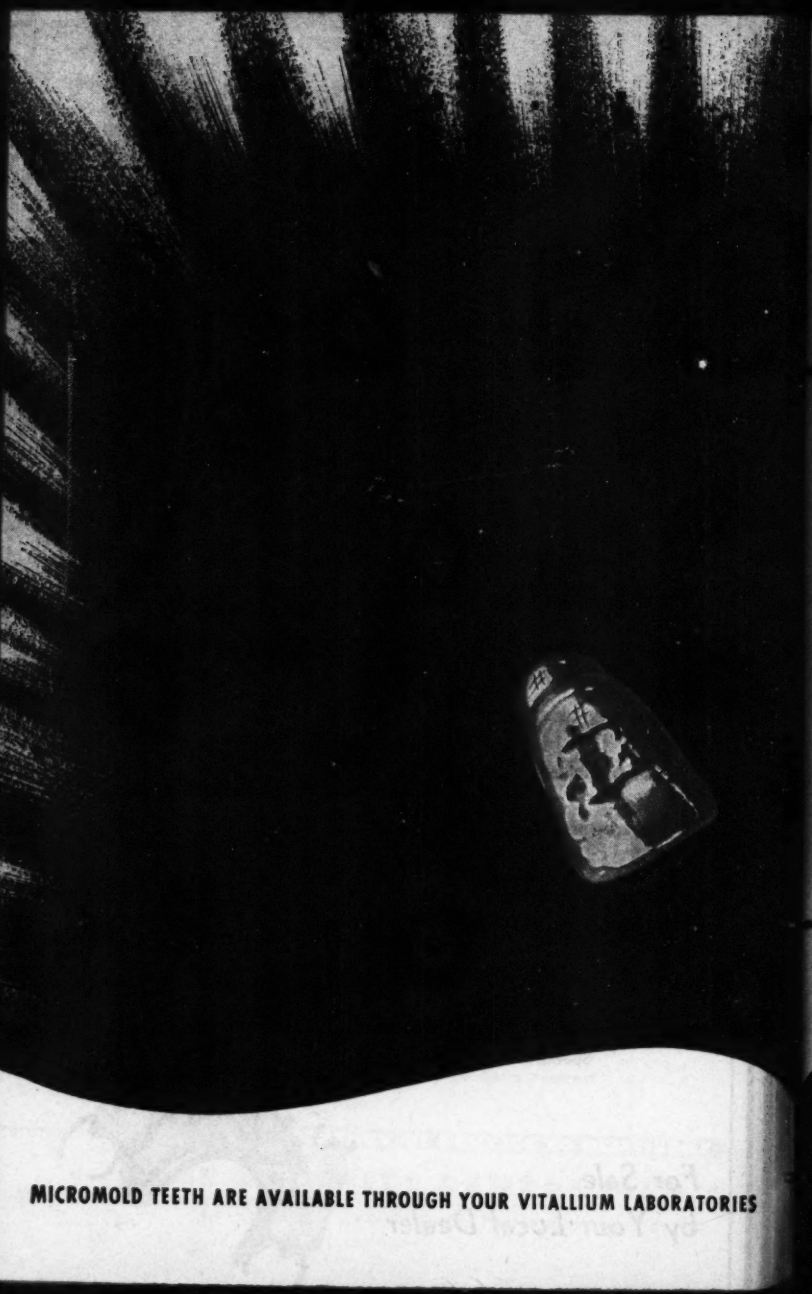
No.19 — **(EXTRA HARD) Light Gold Color. An economy alloy. For all types of clasps, bars, partial dentures, abutments, ¾ crowns, inlays when high strength is desired.

No.3 — **(EXTRA HARD) Coin Gold Color. An outstanding, top-grade alloy. For all types of clasps, bars, partial dentures, ¾ crowns with thin walls, m.o.d. inlays, cast cusps and fixed partial denture abutments. Strength to spare.

**Extra Hard Golds for which no A. D. A. Specification has been set.



For Sale by Your Local Dealer



MICROMOLD TEETH ARE AVAILABLE THROUGH YOUR VITALLIUM LABORATORIES

Dentistry's NEWEST Porcelain Tooth Triumph!

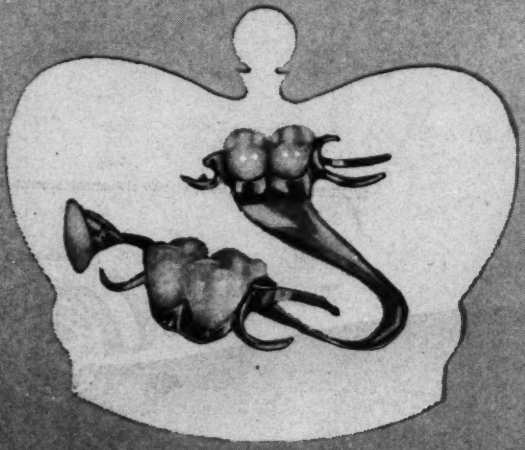
6 *distinctive features of the New Micromold Teeth:*

- **Greater strength**
- **Twelve new natural shades**
- **Labial reproductions of natural teeth**
- **Molded Interproximal Retention, without metal pins**
- **Longer lingual, eliminating bulk**
- **Molds for individual facial forms**

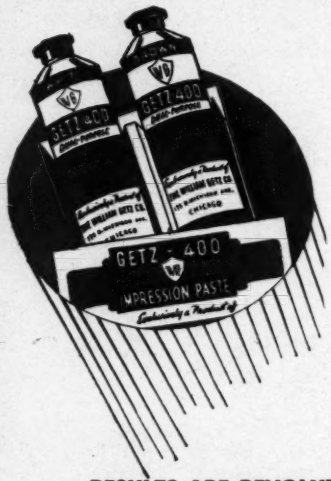
MICROMOLD is a registered trademark of Austenal Laboratories, Inc.

AUSTENAL LABORATORIES, INC. • *New York* • *Chicago*

Casting



PROCAST · ORACAST · MULTICAST · SPEED AND



GETZ-400

Dual-Purpose IMPRESSION PASTE

FOR PRESSURE OR NON-PRESSURE TECHNIQUES

RESULTS ARE REVOLUTIONARY with a simplified procedure that produces a smooth, creamy, non-granular mix . . . unequalled by any other full denture impression paste.

TEMPERATURE DEFIED

No worry about heat or cold inside or outside the office. Setting time is positively controlled allowing 30 seconds to complete the mix with impression set in next 4 minutes.

NOT STICKY

Excess of material is easily and quickly removed from patient's face or operator's hands by simply wiping off with a towel.

DUAL-PURPOSE

For non-displacement of tissues, use mix immediately. For displacement of tissues, hold mix in tray for a few seconds to allow paste to slightly congeal.

SETTING IS COMPLETE

When impression is withdrawn and touched, no sticky or surface residue adheres to the fingers.

NO DISTORTION

Does not crystallize or become brittle in setting. Because this paste has resilient as well as resistant qualities, the impression will spring over undercuts and spring back with accuracy.

SAFE TO HANDLE

The finished impression has a very smooth surface and no surface detail can be lost through sticking of wrapping when sending to the laboratory.

TEST IT WITHOUT RISK OR COST Your every purchase of this product, and all other products in the complete GETZ-400 Line, is protected by our money-back guarantee of your satisfaction.

Order From Your Dealer . . . 1 package, $3.00 6 packages, $2.70 each

THE WILLIAM GETZ CORPORATION
7512 GREENWOOD AVE. CHICAGO 19. U.S.A.

WHATEVER ITS NAME

ulceroma

treating this anaerobic

of the mouth, whatever its name.

'VINCE', a pleasantly flavored preparation, contains 96% sodium perborate, 3% magnesium trisilicate and 1% calcium phosphate; the sodium perborate releases not less than 9% of its own weight in oxygen.

a powder: sprinkle on toothbrush
a paste: mix with a little water
a mouthwash: dissolve in water

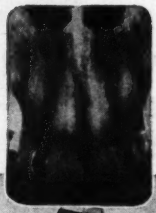
'VINCE' is supplied in packages of 2 and 5 ounces.

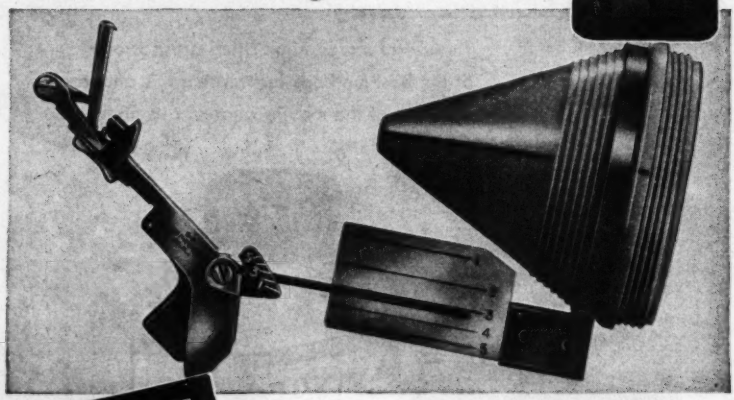
LOUIS

XUM

MATHEMATICAL ACCURACY OF ANGULATION

... *without guesswork*





PRICE COMPLETE
With 2 bite blocks, cone indicator ring and tab $25.00

THE ORTHOLATOR TECHNIC

routinely produces undistorted films and eliminates retakes. It requires little practice and no unusual skill to operate. Ease of access to the lingual areas of the maxilla, mandible and retro-molar regions is readily accomplished ... and with virtual elimination of gagging.

SAVES TIME AND EXPENSE—With the aid of the Ortholator, the average operator can produce a series of 14 films in six minutes ... every one of which is totally free from elongation, foreshortening or lateral distortion ... films of excellent diagnostic value. Patients are also completely relieved from sharing any responsibility in the film-holding phase of the procedure.

FITS ANY STANDARD DENTAL X-RAY APPARATUS

Ask your dealer

BARD-PARKER COMPANY, INC.
Danbury, Connecticut

B-P
A BARD-PARKER PRODUCT

They are inseparable and their foundation is *patient pride and satisfaction.*

In addition to the self-evident intrinsic value of Dee Gold restorations, your patient gets oral comfort and functional stability that truly reflects the skill you have put into the restoration.

On the personal side, you know that the time-tested dependability of Dee Golds is assurance of predetermined results . . . and that you may call for any type of Dee Gold, scientifically charted to meet the prosthetic and financial requirements of every patient.

DEELASTIC is now available

Only

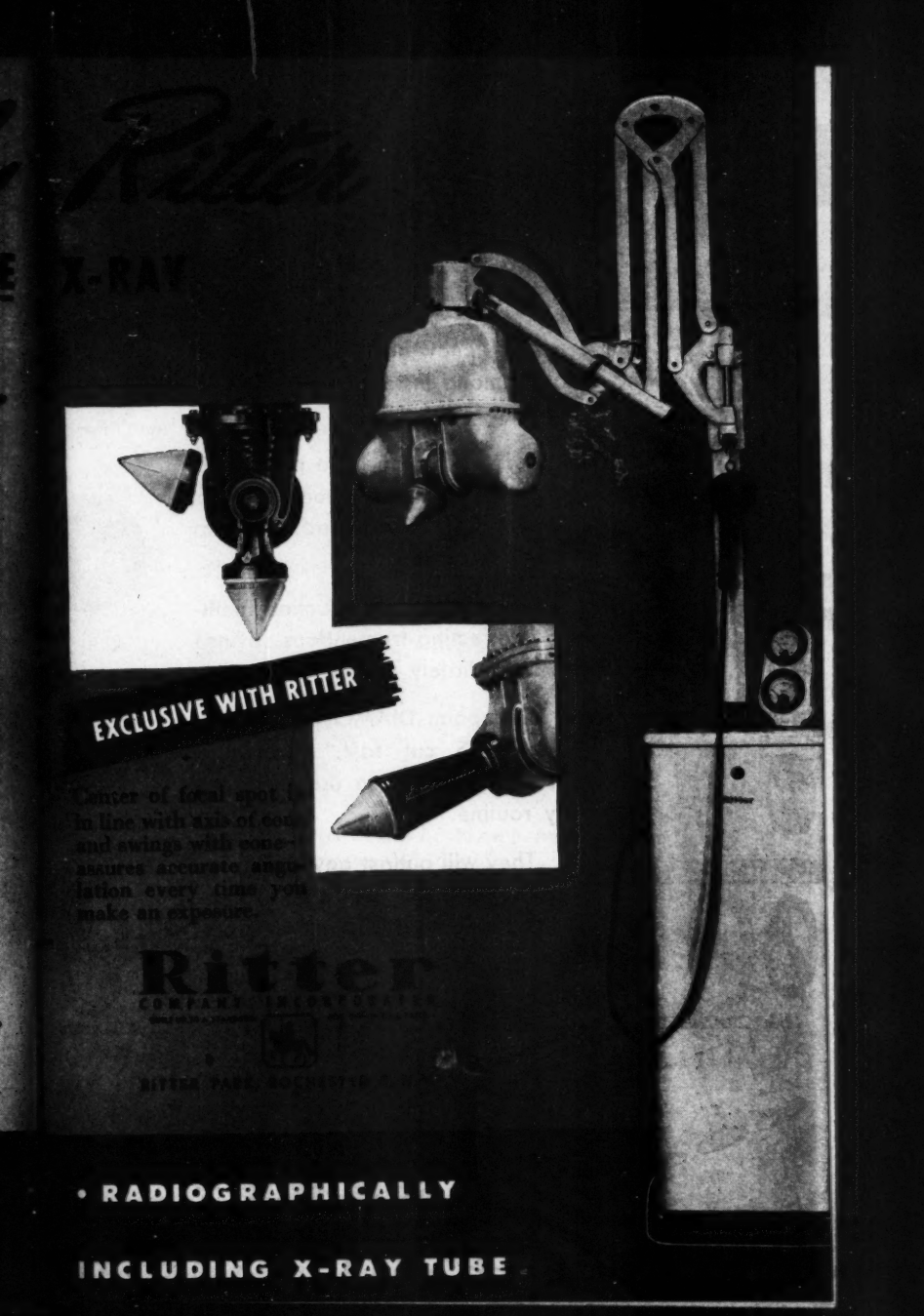
OFFERS YOU THESE EXCLUSIVE

Advantages.

AIR-COOLED TUBE	GREATER CAPACITY—MOST EFFICIENT
X-RAY HEAD	PERFECTLY BALANCED—FINGERTIP CONTROL—NO FLOATING
VIBRATION-FREE RIGIDITY	BOTH FLOOR AND WALL MOUNTED
BRACKET ARM	NO FRICTION—NO DEAD CENTER
REGULATION	16 STEPS. EASILY ADJUSTABLE FOR BOTH 10 MA—65KVP FOR STANDARD TARGET DISTANCE AND 13—15 MA—75 KVP FOR LONG CONE TECHNIC
TIMER	RITTER-BUILT, LIGHT, SILENT, ACCURATE

SAFE — ELECTRICALLY • MECHANICALLY

GUARANTEED FOR ONE YEAR —


EXCLUSIVE WITH RITTER
Ritter
COMPANY INCORPORATED
• RADIOGRAPHICALLY
INCLUDING X-RAY TUBE

Yes! And experience is the best teacher in smoking, too!

DURING the wartime cigarette shortage, people smoked—and compared—many different brands . . . any brand they could get. That's when so many learned the big differences in cigarette quality. And, out of that experience, smokers found that Camels suit them best. As a result, ***more people are smoking Camels than ever before!***

Try Camels! Let your taste and throat tell you why, with millions who have compared, Camels are the "choice of experience."

R. J. Reynolds Tob. Co.
Winston-Salem, N. C.

According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

Three nationally known independent research organizations asked 113,597 doctors to name the cigarette they smoked. *More doctors named Camel than any other brand.*

JELENKO'S FIRST AIDS

FOR THE DENTURE WORKER

JELENKO Adaptol
REG. U.S. PAT. OFF.

The Self-Moulding Impression Material

Assures beautifully muscle-trimmed, positively stable dentures because "Adaptol" won't set in the mouth until *you set it* by chilling with cold water. Gives you plenty of time to make sure you have *perfect* tissue contact, *perfect* muscle-trimming, *perfect* peripheral seal.

For Full Denture, Partial Denture, and Rebase Impressions . . .

Adaptol "works" with any technic . . .

JELENKO Denturtest TRADE MARK TESTING MEDIUM

"Denturtest" every case upon insertion, *before* dismissing the patient. "Denturtest" shows places where trouble *may* develop so you can correct them — such as: High Spots; Pressure Areas; Lack of Tissue Contact; Over-or Under-Extensions; Interferences, etc.

Denturtest" Saves Make-Overs . . .

JELENKO SPOTEX REG. U.S. PAT. OFF. MARKING AND TRACING MEDIUM

When tissue changes do produce sore spots under the best-made denture, locate them with "Spotex." "Spotex" transfers sore spots from the tissues to the denture base so you can relieve them.

"SPOTEX" Won't Run in the Mouth and is Non-Toxic.

PRICES

Adaptol — 6 Tubes	$3.50
Denturtest — per Tube	2.00
Spotex — per Tube	1.75

Oral Hygiene

VOL. 37, NO. 12 DECEMBER 1947

DEPARTMENTS

1911 1947

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art. NEW YORK: 7 East 42d Street; S. M. Stanley, Vice Pres.-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; LOS ANGELES: 1709 West 8th St.; SAN FRANCISCO: 68 Post Street; Don Harway, Pacific Coast Manager.

Results of Clinical Investigation Show

Forhan's *with massage*

an IMPORTANT home aid in

GINGIVITIS

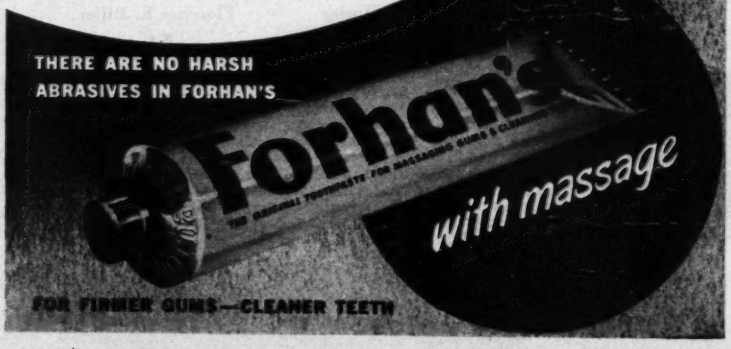
This is what a clinical investigation, conducted under practicing dentists, brought to light concerning the value of Forhan's with massage as a home aid in Gingivitis.

In the course of the investigation, hundreds of dental patients were individually examined. 795 were found to have Gingivitis. Approximately half of this number were given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

95% Gingivitis cases improved at end of 30-day test period!

95% of all the Gingivitis cases showed marked improvement at the end of this 30-day test period. And 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage invites your continued acceptance and recommendation—as a home adjunct to dental chair treatment in Gingivitis.



Picture of the Month

DOCTOR GRANT M. Evans and his two sons, Gordon (left) and Mark, examine two of the homing pigeons which this Ogden, Utah, dentist races in the Rocky Mountain region. "Autumn is pigeon racing time for the young birds," Doctor Evans reports, "and to me the most interesting time of the year as I race my 4- and 5-month-old birds back to the nest from Tooele, 69 miles away, and other distant points." Doctor Evans is Past-President of the Ogden Pigeon Racing Club, and has been following his hobby of raising and racing homing pigeons since 1933.—*Ogden (Utah) Standard Examiner Photograph submitted by Glen Perrins.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

Make Patients Want *Your* Dentistry

Luxury businesses, by spending millions advertising new products, are luring dollars away from dental offices.

By DOUGLAS W. STEPHENS, D.D.S.

IF WE OF the dental profession are to keep our offices filled with paying patients, we must make the public want our services as much or more than they do new cars, washing machines, radios, and all the other products now being rushed to a goods-hungry market.

Some would say this should be rather easy. Dentistry is such an important health service that every person who needs treatment should want it. However, smart sales directors tell us there is a vast difference between a need and a desire. A person, they say, may

need something for years yet never feel the urge to satisfy that need until the desire for the object is awakened.

Emotional Appeal

Our goal in changing a dental need to a desire must be strong enough to overcome the barriers to treatment. There are, however, emotions equally as strong to which we can appeal. Love of beauty is one of them. Love of youth is another, as is vanity. Comfort in eating is still another. Health may appeal to the intellect in many cases, yet it too can appeal to the emotion of fear; fear of pain, fear of losing one's teeth, fear of losing beauty by ill health, or even fear of early death.

It has been said that by appealing to people's intellect the desire to buy may always be aroused. But sales people admit this is not true. They have found that an emotional appeal sells more goods than intellectual arguments.

In presenting dentistry to the public, the intellectual appeal would seem easier, for there are innumerable scientific arguments we could give our patients; but unfortunately people let their emotions sway them because less thinking is required.

The war proved that an automobile could be driven a long time before it was ready for the "junk heap." However, car manufacturers will soon sway the public into again thinking they must buy a new car every year.

But automobile advertisements do not tell us we should buy this new car because it will be good for our health to get out in the open air. They know if they did, the argument would only appeal to a few hypochondriacs. Instead, these advertisements describe the beautiful lines of the new cars, how easy they are to drive, how fast they go, and how comfortable are the seats.

It is not strange then that the desire for dentistry is not always so easy to create. A quirk in human nature makes many people shy away from things that they are told are good for them.

Sometimes, though, people are made to desire an object even though they do not really need it. You may not need one of the weak alcoholic solutions sold to use after shaving. You know, if you think about it, that it will only give your face a pleasant tingle. However, when advertisements tell you this solution has a "he-man" aroma that "wows the ladies" if you apply it every morning, you run right out and buy a bottle. You never admit to your wife or even to yourself the real reason for buying it.

Neither do people need $65 pens or fancy cigarette lighters, but they buy them because the advertisements make them want them.

The soap you use may be giving good service, yet you may be emotionally swayed into buying another brand just because you are told it lathers quicker, softens

hands, or does something you know it could not do.

Dental Needs

On the other hand, when we offer dentistry, we are offering the public something they really need, something that is good for them.

People may be "sold" the idea of wanting dental care, yet hesitate to go through the process of having the treatment. Our patients may desire a shiny new inlay or a new bridge, or a beautiful porcelain jacket even more than they want an evening at a night club or a new radio for their car, but we cannot hand the dentistry over complete to have them try out before they pay their money. They must take time off to come in the office and suffer some degree of discomfort, perhaps pain, while the dental appliance is being constructed. On the other hand, the finished radio may be placed in the buyer's possession soon after the desire is born. The purchaser takes no part in the construction of the product.

Dentistry is something the buyer alone can enjoy. He cannot allow his friends to try out new dentures or a new bridge or inlay to see how well it functions as he can with a new radio or automobile.

Individual Patients

In order to present dentistry so the need will become a desire, the incentive will have to be strong enough to overcome these obstacles. If we study our patients before we speak to them, we will more easily accomplish this.

While we must appeal to one person's intellect, to another we must appeal through his emotions. One person will respond if shown his mouth is growing old before the rest of his body. Another wants nothing to interfere with his love of food, and the function of the finished case will interest him above all else. Another will want nothing to interfere with the goals set out for his life. Appearance will appeal to this person, or the argument that such a type of appliance will last longer and not cause him to lose time by being forced to undergo early replacement.

Some patients may have to be shown from a dollar and cents point of view that dentistry is worth while. These people are "sold" by being shown how an inlay will save the larger cost of extraction and a bridge.

Dental Salesmanship

In appealing to our patient's emotional side, we must use carefully selected words. The book LANGUAGE IN ACTION by S. I. Hayakawa should be read and studied. In it the author takes our language apart and tells how it "ticks." He shows the effects of words on human emotion. He explains how propagandists and advertising men use words to sway the public.

Strong, emotional words uttered forcefully and repeated often bring results. Facts make speech more

forceful and convincing. In dental salesmanship, the truth never hurt a patient. It is much easier to recall what was said in a previous appointment if you repeat facts at all times.

The way you speak gives meaning to your words. A rising inflection of the voice calls for an argument. Try saying "one hundred and forty-nine dollARS," raising the voice as you finish. Then say "ONE FORty-nine," lowering the voice at the end. The latter sounds less costly and does not imply an argument.

Did you ever hear an automobile salesman when asked the price of his product say, "Two thousand, two hundred and FIFTY DOLLARS?" No. He will lower his voice and say confidentially, "ONLY twenty-two fifty."

Occasionally a raised voice is used, but only if it implies argument to which you want the patient to agree. This might be used when you say, "You wouldn't want to be a dental CRIPPLE?"

A good recording of your voice in action will tell you much of what you need to know. In lieu of that, have your assistant take down some of your speeches to patients. You will be surprised at the results.

The words you use and the way you say them should uphold your dignity as a professional man. Stay away from unsure phrases and uncertain words. Positive statements give your patient confidence in your diagnosis. Decide what is best for your patient before you speak. Then, use forceful words to put over your point.

Look at the case you are presenting from the patient's point of view. Try to see what advantages the patient will be able to feel emotionally in the finished service you are to do. Think in terms of what he can see, hear, touch, or taste. Will the treatment you have outlined live up to what the patient wants in the way of comfort, health, youth, beauty, or insurance from pain?

In the last few years the public has not needed to be "sold" dentistry. There were few places inflated earnings could be spent. Today these wages have dropped. There is not enough money in the average family to buy all that it wants. Because of this, people will buy what they desire most. This may not be always what they need most or what is best for them.

As professional men it is our duty to make them desire something which they need. We must start educating our patients now while we have them before us in large numbers. If we do, we will not have to worry; tomorrow our patients will desire the best that dentistry can offer.

823 *Atlantic Avenue*
Long Beach, California

Dental Photography

This dentist presents a standardized photographic technique for use in the dental office.

By J. A. PACKTOR, D.D.S.

PHOTOGRAPHY in the dental office is not a complicated procedure. With a standardized technique, the entire process, from posing the patient to making the finished print (or enlargement), can be not only an interesting but a most enjoyable experience. In presenting a general guide to photographing patients as examples of pathologic conditions, and in "before and after" pictures, an attempt will be made to keep as many factors constant as possible.

The operator should be thoroughly familiar with the working of the camera, whatever type it might be, so that chair time can be devoted mainly to adjusting the patient to the plane of the film and axis of the camera lens. Examine all types of cameras for possibilities, but, once having chosen the one that fits your temperament, use it exclusively. There is still some difficulty in obtaining film for some types of cameras, but choose one type of film and use it until you are familiar with its developing and printing characteristics. Then try others. With camera and film factors constant, and a lighting arrangement which keeps patient-to-light source and patient-to-lens distance constant, the exposure time and aperture settings are simplified and standardized.

It follows, then, that the developing and printing processes will be uniform, but, more important, the result will be finished pictures which are uniform in print quality and size. This allows a valid comparison in "before and after" pictures or between the members of a series showing the progress of a condition. And, most important, it simplifies technique all the way through.

Camera Setup

The camera can be set up on a tripod with tilting head, or it can be attached to the bracket table by means of an adjustable clamping device. For greater convenience, a wooden stand can be made which fits snugly on the bracket table (Fig. 1), and which supports the camera and two gooseneck lamps, each of which extends

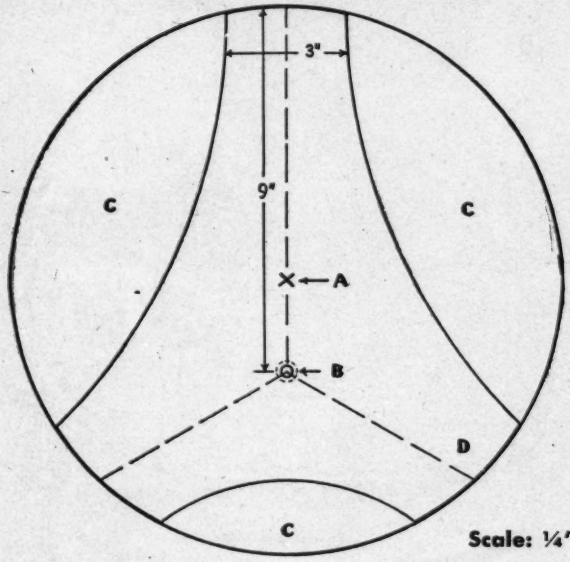


Fig. 1—Wooden base for bracket table camera light unit to be used on 13½" bracket table. Dimensions may be adjusted for other size tables. A, Center; B, Hole for tripod screw ¼-20 countersunk from bottom; C, Bracket table; D, Wood base of ½" white pine.—*Courtesy of Eastman Kodak Company.*

from the center of the stand to about a foot and a half to the left and right of center. This assembly of camera, stand, and lights (Fig. 2) is quickly mounted for taking the picture and removed conveniently in one piece. Recently, a metal floor stand carrying this same assembly (Fig. 3) has become available.

Position of Patient

For portraits, the patient should be seated with the backrest nearly vertical and the headrest adjusted so that a line drawn from the tragus of the ear to the orbitale is parallel with the floor. The lens axis should be at eye level. For full-face portraits, focus on the cheek. If your camera has a ground-glass back, two intersecting lines drawn on it in pencil will help center the patient in the picture; the vertical line to coincide with a line through the center of the nose and chin. If the patient wears glasses, it is best to remove them. For profile pictures, the

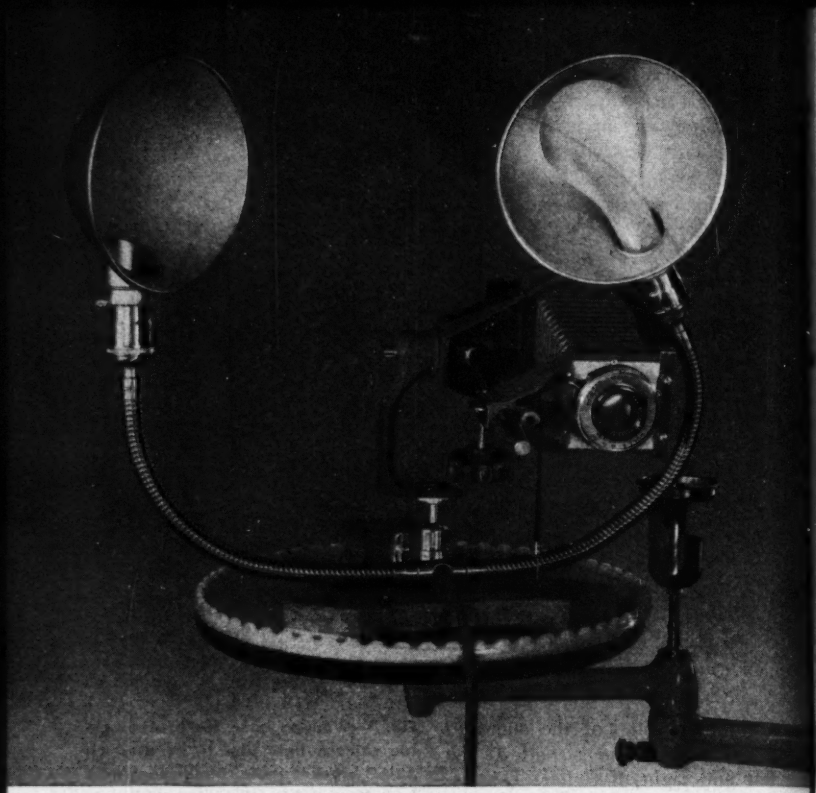


Fig. 2—Camera and light assembly mounted on wooden base to fit bracket table.—*Reprinted from Dental Radiography and Photography. (Eastman)*

camera and stand remain on the bracket table, one arm of the chair is lowered, and the patient is turned toward that side with one arm thrown over the back of the chair.

Lighting

Rather flat lighting is recommended since unbalanced lights will create a false impression of facial proportion. Two 100 w. frosted bulbs in reflectors are sufficient; one placed above and behind the camera, the other to the side and rear. The exposure time is based on these two lights, so avoid the addition of bright direct sunlight by drawing the shades, or be prepared to shorten the exposure time accordingly. The ratio of subject-to-image size will depend on the film size and how close the camera can be brought

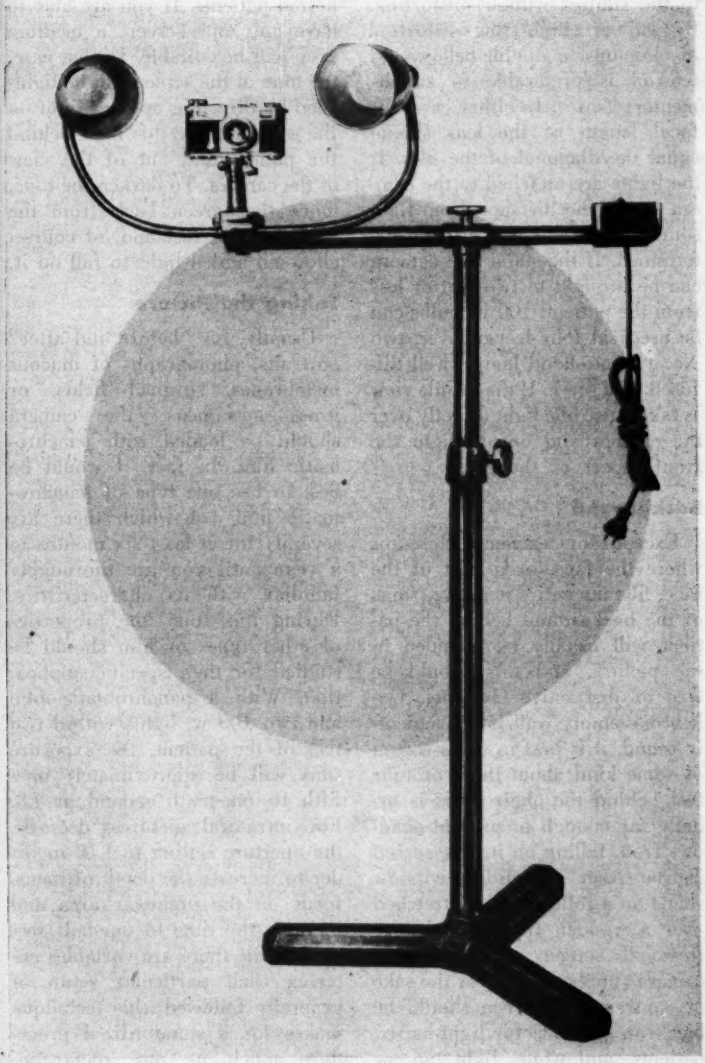


Fig. 3—Floor stand for camera and lights.—*Courtesy of EMDE Products, Los Angeles.*

to the subject without distortion. By way of eliminating distortion in close-ups, a double-bellows extension is preferable to supplementary lenses. In either case, the focal length of the lens should equal the diagonal of the film. If the lights are attached to the camera stand, the distance from light source to patient will also be determined. If the stand and camera can be brought to two feet or less from the patient, 100 w. bulbs can be used; at four feet or over, two No. 1 photo-flood lamps, well diffused, will serve. If the profile view is taken, use one light directly over the camera and one to light the front aspect of the face.

Background

Except for extreme close-ups where the face, or a part of the face, fills the entire negative, some of the background behind the patient will usually be included in the picture, and this should be free of distractive elements. Unless one empty wall is conveniently found, it is best to use a screen of some kind about three or four feet behind the chair. This is usually far enough to prevent shadows from falling on it. The screen can be either an ordinary window shade on a roller, a cloth stretched over a wooden frame, or a professional screen purchasable at camera supply stores. For the sake of contrast, the screen should be black on one side for light-haired patients, and white, light tan, or light grey on the reverse for dark-haired patients. If you are able to have only one screen, a medium grey will be suitable. In that case, the tone of the screen can be lightened by directing another light on the screen. Place this light behind the patient and out of the view of the camera. To darken the tone, move the screen back from the patient a few feet and, of course, allow no added light to fall on it.

Taking the Picture

Usually, for "before and after" portraits, photographs of mucous membranes, surgical fields, or gross specimens, the camera should be loaded with panchromatic film. In fact, it would be best to use one type of panchromatic film (of which there are several) for at least six months to a year until you are thoroughly familiar with its characteristics. During this time, the properties of other types of film should be studied for their specific application. With a panchromatic film and two 100 w. lights within two feet of the patient, the exposure time will be approximately one-fifth to one-tenth second at f.8. For intra-oral pictures, decrease the aperture setting to f.16 in order to increase the depth of focus, focus on the premolar area and increase the time to one-half second. While there are variables entering each particular setup, if generally followed, this technique makes for a standardized procedure much as our roentgenographic technique is standardized.

The actual taking of the picture could be outlined as follows:

1. Load camera with film of choice.
2. Assemble lights and camera on bracket table.
3. Adjust patient in chair with line from tragus to orbitale parallel to floor, and center the face in camera viewer or ground-glass back.
4. Raise or lower chair until the face or part of the face to be photographed is on a level with camera lens.
5. Place lights in proper position.
6. Focus the camera, set time and aperture and cock shutter.
7. Switch on lights and release shutter.

Keep an accurate record of all camera settings, distances, types of film, developing and printing time for each negative for at least the first fifty pictures, and make corrections as you go along. Since most of the factors are constant, finding and correcting errors is a simple matter. A filing system for negatives and accompanying data sheets will prove a necessary convenience, and a record number can be entered on the patient's dental chart. Keep negatives in cellophane envelopes to prevent scratching of emulsion surface.

Following such a procedure will result in a set of photographs which will be comparable and valuable insofar as they show the progress of a condition, or the improvement in facial contour and esthetic appearance after corrective prosthesis. Aside from showing this improvement to the patient under treatment, these photographs are valuable in demonstrating to a prospective patient (more vividly, perhaps, than models) the improvement possible through correct dental treatment.

3003 *Grand Avenue*
Astoria, Long Island
New York

★ ★ ★ ★ ★ ★ ★ ★

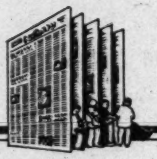
ORAL HYGIENE AWARD

This article by J. A. PACKTOR, D.D.S. *has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★

THE COVER

IT HAS been our custom for years to feature the American Dental Association Christmas Seal on our December cover. This year is no exception. We urge every dentist to support this worthy project. Send your contribution today.



Dentists in the News

Chicago (*Illinois*) *Tribune*: Doctor Emanuel Nielsen, Chicago dentist, reported recently upon his return from a nine-week visit to Denmark that the Danes are one group of European people who feel respect for the United States. This dentist, a native of Denmark who came to this country in 1923, found admiration for the United States when he visited Denmark in 1937. "This year," he reported, "there is added to that a great sense of indebtedness and affection, with the realization that without the United States, Denmark would never have been liberated."

Doctor Nielsen urged people of this country to send supplies to their friends and relatives in Denmark as the Danes must import most necessities.

Charleston (*South Carolina*) *Evening Post*: To keep their patients' minds off the procedures being carried on in their mouths, many dentists talk constantly while operating, Doctor William S. Durham, Columbia dentist, reports.

"I was doing this once when I had a woman patient in my chair," he relates, "when she sat up suddenly and said: 'Won't you please stop talking so I can concentrate on my pain?'"

Chicago (*Illinois*) *Daily News*: When Doctor Martin R. Sherman, Chicago dentist, returned home from a week end in Wisconsin recently, he found that 600 porcelain teeth had been stolen from his home. One hundred cards, with six teeth on each card, and $450 were missing.

Time: What causes the notches on millions of women's upper teeth has been a problem that has puzzled the dental profession for years. In a recent issue of DENTAL DIGEST Doctor Walter Cogswell and his father and two brothers, all Colorado Springs, Colorado, dentists, published their findings of examinations of hundreds of women; three out of five of whom had these notches, which proved that these patients opened bobbypins with their teeth.

These dentists also announced that they have devised a plastic appliance which fits over the teeth and has a notch made specially for opening bobbypins.

Wichita (*Kansas*) *Beech Log*: Doctor George G. Ingham, an oral surgeon of Amarillo, Texas, now makes many of his emergency calls and consultations in a matter of hours instead of days by traveling in his new Beechcraft Bonanza. This dentist has patients in communities in a 300-mile radius around Amarillo, and it used to take him a day or longer to make distant calls by automobile.

Besides the advantage of reaching his destination quickly in his Bonanza, Doctor Ingham finds relaxation and inspiration in flight. He often plans operation procedures while relaxed at the controls of his plane. "I've repaired

many a broken jaw in that Bonanza!" he reports.

Doctor Ingham has been flying since 1928. During the first six weeks that he had his new Bonanza, he flew over 15,000 miles and now has more than 700 hours in his private pilot's log.

Philadelphia (Pennsylvania) Evening Bulletin: Miles away from the Philadelphia classroom, in his second-floor study at 105 Landover Road, Bryn Mawr, Doctor Lester W. Burket, Head of the University of Pennsylvania Dental School's Department of Oral Medicine, is conducting regular classes despite the fact that he is lying in bed encased from the waist down in a seventy-pound cast. In his place at the teacher's desk in the classroom is a loud-speaker through which the dental students hear his lectures.

This dental school instructor fractured his left leg in an automobile accident in October, 1946, and has been bed-ridden since. With the hope of being out of the cast soon, he was anxious to resume his teaching duties at the beginning of the school year.

"Doctor J. L. T. Appleton, Dean of the Dental School, and Doctor Gorden R. Winter, Assistant Professor of Oral Medicine, suggested the idea of using recordings or some other type of 'remote control' lectures," Doctor Burket reports.

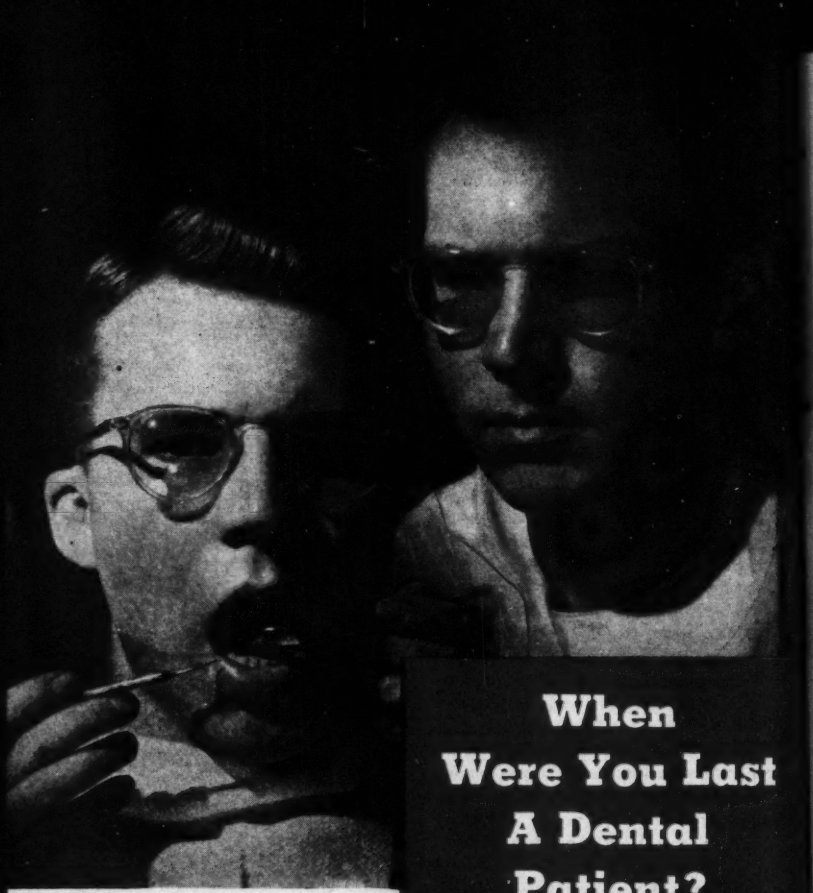
"There were technical complications, and so Doctor Leon Levy was consulted. In addition to being an alumnus of the Dental School, Doctor Levy is general manager of Station WCAU. He went into a huddle with station engineers and they devised a system utilizing telephone lines. Doctor Levy volunteered to furnish all the necessary equipment."

Doctor Burket speaks into a microphone he holds in his hands. His words are carried through an amplifier in his study, a special telephone line to the main Bryn Mawr line, to an amplifier at the school, and then to the loud-speaker in the classroom. Using this system, Doctor Burket conducts two classes a week in diseases of the mouth —a class of about fifty-five third-year students and another class of about eighty-five seniors. The classes are proctored by Doctor Burket's colleague, Doctor Winter, who will conduct examinations until Doctor Burket is able to attend.

Doctor Burket has been a radio amateur since 1938 and so anticipated no "mike" fright. His study contains an impressive collection of radio equipment which he has found a constant source of pleasure during his convalescence. "Friends from all over the world keep inquiring about my leg" he reports. "I've been doing so much amateur broadcasting that I'll have to make certain during my classroom lectures that I don't suddenly announce, 'This is Les, at W3HQJ.'"

For items published in this month's DENTISTS IN THE NEWS, awards have been sent to:

GEORGE D. ROUSE, D.D.S., P. O. Box 840, Charleston, South Carolina.
OTHO VON BUSSE PFROMM, Box A-128, Round Lake, Illinois.
JACK MURPHY, 615 East Third, Newport, Kentucky.
LILLIAN M. COLFER, 7812 Emerald Avenue, Chicago 20, Illinois.
A. H. GLICK, D.D.S., 1825 Wynnewood Road, Philadelphia 31.
AREJAS VITKAUSKAS, 43 Mercer Street, Jersey City 2, New Jersey.



When Were You Last A Dental Patient?

By CHARLES L. MEISTROFF, D.D.S.

DID YOU EVER try to put yourself in the patient's place and wonder what you would do under similar circumstances? Did you ever run a toothpick or a piece of floss between two teeth, one of which had a large amalgam restoration and a generous overhang? Did you glance at the reddened stick or the pink thread and then, after some thought, say, "Well, I guess I'll leave it until next week end"? The next day when a patient presents himself at the office with the

same condition that has persisted for the last six months—pulp exposed, tooth aching—you lecture him on carelessness. Remember that the difference between you and the patient is only a D.D.S. degree.

Your Dentist

When you arrived at your colleague's office, you told him about the overhang and the calculus on the linguals of the lower anteriors. You let him run the mirror and the explorer around in your mouth. Did you have a twinge of apprehension as the explorer point probed and twanged from fissure to pit and back to fissure again? How did you like it? How did it feel when he ran that sickle scaler between those teeth and inadvertently came out with the interdental papilla on the tip of the blade? Did the blood-tinged saliva make you feel sick? Did you like the grate of that hoe scaler on those lower anteriors? Did you feel like telling him to be careful about scraping off the enamel—and meaning it?

How did you like that collection of pumice in your mouth for five minutes before he let you rinse? How did you like the blast of cold air between the overhang and the opposing surface? He found a cocoanut fiber there and used a piece of dental floss to free it. Then he shot cold water through the embrasure; how did it feel? You are the patient now, so picture the people being treated in your office when you say to them: "Take it easy, relax; I know it may hurt you a little, but it's for your own good." Why don't you follow your own advice!

Your dentist told you there was caries under the overhang and the amalgam would have to come out. You had to ask, "Is it that bad? Can't it hold for a little while longer?" What did you tell your patients in answer to this query?

While your colleague was putting the film in place you suddenly developed six thumbs—you finally got the film in place and held it there. It was more comfortable than those lysol-soaked wood blocks you use.

Cavity Preparation

You looked dubiously at the contra-angle he was putting in place on the straight handpiece. Was it clean? Were the gears in good condition so it would not wobble? When he put the bur in place and snapped the latch, "I hope that bur is sharp or a new one at least," went through your mind quickly. He told you merely to open your mouth but you threw your head back about six inches and raised out of the seat, straining your sacro-iliac and getting a crick in your neck. He corrected you; remember your reaction to

patients doing the same thing?

He started to remove the old amalgam and you wondered what it was that patients feared so much —there was no pain or discomfort. He flushed out the grindings with warm water. Remember your water? Cold and just as refreshing as a morning dip in a glacier. When he hit the dentine and went on down to the gingival margin, you felt a touch of a hot scrape. You winced and suddenly developed muscles in your face that you had never known or used.

You seemed to be glad that there was a wire bur cleaning wheel on his engine, and you did not fail to see that he cleaned the bur after each excavation. Did you forget this also? His chisels were sharp and did not hurt. When he put the matrix band on and fastened it, he put a gingival wedge in place to insure closer adaptation of the same place that was being corrected. You felt better at that, didn't you? You were thankful for those oversized cotton rolls he put in place, and when he put the saliva ejector in your mouth, you were relieved.

Colleague's Procedures

Every time you swallowed you imagined that the sublingual glands were showering the cavity with moisture. He did not say a thing; it was all in your mind. Then he started to disinfect the cavity; gently, with a wisp of cotton, he removed all excess fluid before he let the air play on it. Not down your throat with the mixture of phenol and alcohol disinfecting that, too, but outward so that you would not get a breath of it. You were thankful for that, too.

You noticed that when he put the cement base in place he looked the cavity over thoroughly and cleaned off all excess cement. What made you really marvel was that after triturating the amalgam he did not puddle the mass around in the palm of his hand and then ball it up, squeezing the surplus mercury out on the floor. He put the amalgam mass in the corner of a clean towel and squeezed and twisted the excess mercury out of it. Then he placed the amalgam in the mortar and picked up what he needed each time with an amalgam gun. He avoided contamination as much as possible. His hands did not touch the material. He did not start to carve right away; he waited. Yes, you counted the time on your wrist watch, not quite five minutes before he began his finishing touches. And remember, he told you to come back to have it polished.

Did you ever operate in this manner on any of your patients? Do you think you will relieve the grind of steel on dentine when you get that patient this afternoon? Will you ease up on him as your colleague did on you?

Do you remember that one-tooth two-attachment bridge you made while at school? You could not get a patient for the necessary

crown and bridge points so you made a bridge for yourself? One of the other students made the preparations and you did the rest. You needed a new facing on it and one of the attachments was beginning to get a hang at the occlusal. How did that crown and bridge tray with its dose of plaster look to you? And when he put it in place in your mouth you thought it was going to slide down your throat; as a matter of fact, it never went beyond the second bicuspid. And you were so apprehensive that you thought you were nauseated, remember? Now you know how Mrs. Jones with the full upper denture felt when you told her to hold her head straight, breathe through her nose, keep her tongue against the tray, to count to ten, then take a breath, count again and repeat. What did you do in her place? All you could do was to cross your fingers and promise to make it easier on the next patient.

Do you remember when you had that upper left third molar removed after the class V amalgam restoration fell out? Remember how the pulp was exposed? Wasn't that needle sharp? It did not hurt a bit. Your practitioner took the syringe out of the sterilizing container, took his tube out of a box, and flamed the metal cap at one end. He assured you that all was sterile. You felt better. He even swabbed the place of injection and then had you rinse your mouth. He waited patiently, talked to you until anesthesia was complete; then he tested. He roentgenographed it after this because he told you that he could go back farther then without making you gag. He was easy with the forceps and elevator, too, wasn't he?

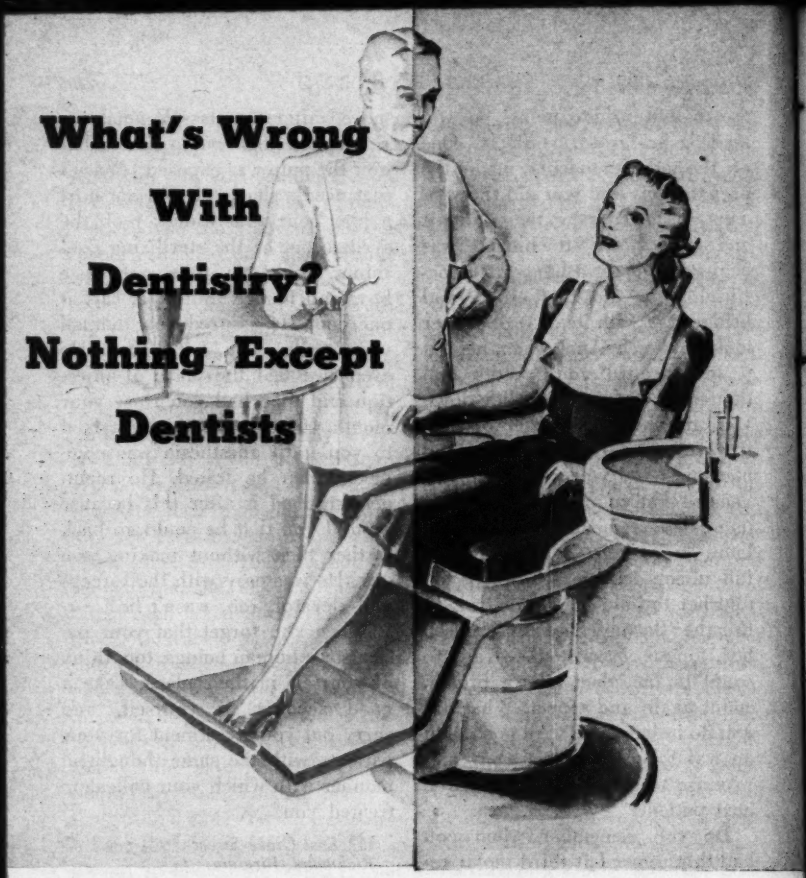
When you forget that your patients are human beings, too, think of yourself in their place. Take a good account of yourself, and carry out your treatment for your patients with the same thoughtful manner with which your colleague treated you.

113 *East Grace Street*
Richmond, Virginia

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News* (see page 2100), we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

What's Wrong With Dentistry? Nothing Except Dentists



By JOHN J. BERG, D.D.S.

DENTISTRY AS it is known and as it should be practiced today is the accumulation of knowledge from the time when this art and science won for itself professional standing. This accumulation has known good and bad times, but it has continued to progress. The result is a backlog of knowledge known as the fundamentals of dentistry.

There is still an addition of facts and an improvement of methods taking place. Despite this, however, and because of the attitude of some members of our profession, dentistry as a whole is in danger of losing ground.

The only word to signify prop-

A colleague makes a plea for less "moral malpractice" if dentistry is to continue its progress.

erly the actions of some of our professional colleagues is malpractice. To any dentist, this word has a harsh sound. Most of us buy malpractice insurance to protect ourselves in the event anything goes wrong in our treatment of patients. Few dentists are ever called upon to defend themselves in a malpractice suit. But that does not mean that little malpractice exists. What I refer to probably does not constitute legal malpractice, but the finer and more delicate line—the line drawn between moral right and moral malpractice—is all too frequently overstepped.

In the long-range view, the moral consideration is loaded with more dynamite for us than the legal. If one dentist is sued and is found guilty of negligence or malpractice, most people blame him; if there should arise in the minds of the laity a serious doubt of the moral intent of dentistry as a whole, the profession will suffer, regardless of the advance of scientific knowledge. What good are fundamentals and principles if they are not carried into everyday practice?

Prophylaxis

This indictment hits first at the neglect of prophylaxis. While I was in the Service, my patients scattered in their search for dental care. Since my return these people have been almost unanimous in voicing a complaint about their utter inability to find a dentist who would clean their teeth thoroughly. Either the prophylaxis would consist of "a lick and a promise," as many put it, or the patient would be told that there was no time for a prophylaxis—that only essential treatment was being given.

Certainly the statement that prophylaxis is a nonessential treatment is untrue. And these men know that it is untrue. If they do not, they should not be practicing dentistry. Periodontia textbooks could quickly show not only that prophylaxis is important, but why, and what happens if it is neglected. The meaning of the word itself is significant. How, then, did it come to be neglected? Because giving a good prophylaxis is tedious treatment, and not as remunerative as making dentures and bridges. Were the patients convinced that having their teeth cleaned was unnecessary? They were convinced only of the fact that their mouths were not receiving proper care.

Pedodontics

The big field for these "malpractitioners" today is pedodontics. Several years ago I had the opportunity to lecture and show a motion picture about the care of the teeth in many of the public

schools of this city. After one such program I had an experience which greatly embarrassed me, and which made me acutely ashamed for my profession as a whole. I went to the office of the school nurse to ask her reaction to the presentation and to suggest a follow-up program. She told me that she thought it was good, but that I had shown it in the wrong place. I took that to mean that most of the children in that particular school were having regular dental care. Her reply shocked me.

"I don't mean that at all," she said. "You should show it at the meeting of your dental society. There's hardly a week goes by that I don't receive a letter from a parent saying that a child was taken to the dentist as I had recommended, but the dentist said that all the cavities were in the 'baby teeth' which would be coming out in a year or two, so wouldn't need 'filling.'"

When I was informed that not one or two, but *most* of the dentists in that neighborhood followed such a policy, I knew where to place the responsibility for the ruining of many mouths. What possible excuse can be offered for letting the deciduous teeth decay until they are devitalized? I have even heard dentists say that such nonvital shells should be left in the mouth to act as natural space maintainers. The fact that such a statement is made proves that the need for a space maintainer is realized; but if a deciduous tooth does have to be extracted prematurely, how many times are mechanical space maintainers applied? I see few. Although the literature contains many articles about the need for space maintainers, and describes simple methods of making them, many dentists never use them. Is it not malpractice to make no effort to prevent the malocclusion which is almost certain to follow premature loss of deciduous teeth? In a day when we are stressing at every point education of the laity in regard to the value of dental care and the sequelae of its lack, I agree with the school nurse—a great part of the profession could do with a little more education and a more faithful application of what they do know.

Dental Education

I am in favor of the campaigns inaugurated by public health departments and by organized dentistry, the aim of which is to bring to the attention of the public the basic importance of dental care. However, I think that such campaigns can, at most, arouse an interest in dentistry; they can never cover all the ground. The advanced education—the facts about individual teeth and the reasons for some of the statements made—can best be emphasized in the individual dental office. Here, while they may not be guilty of moral malpractice, many men are guilty of neglecting a responsibility. There are many instances in

which the average dental patient finds himself lacking in knowledge of procedures and the reasons therefor. For example, the need for roentgenograms is not appreciated; many people had considerable dental treatment before their use became widespread. In the minds of some of these, the attitude still persists that the roentgenogram makes things easier for the dentist, but does not benefit the patient.

Another problem that needs clarification in the minds of many patients is that of the replacement of the single tooth. If a replacement is suggested, the patient frequently remarks that he can chew perfectly well without it. With many dentists, the matter ends there. These men are failing in their duty to their patients. Here is an opportunity—an obligation—to further the meager amount of dental education a patient may have. For different practitioners, different methods would serve best. Models, charts, sketches, can be made up personally, or many can be purchased at small cost. (A useful collection is VISUAL EDUCATION IN DENTISTRY published by DENTAL DIGEST.)

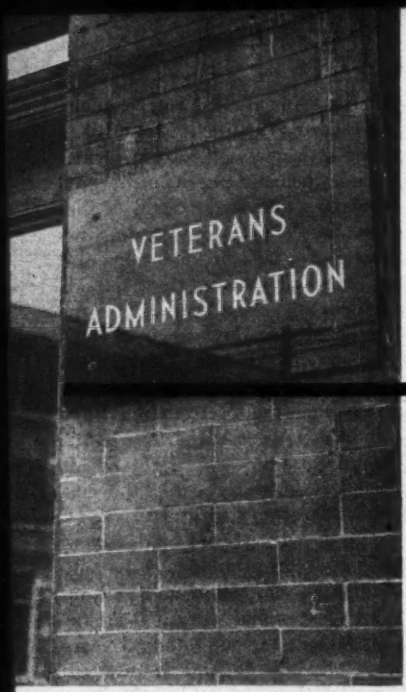
There are still too many dentists who let their patients "order" their treatment. This is true chiefly in regard to extractions, and is, I believe, a carry-over from former years when the physician ordered the extraction of the teeth. At that time the dentist was powerless, because of a lack of knowledge and a lack of diagnostic methods (chiefly the x-ray), to refute the argument that the teeth were causing systemic disease. To a patient who has succeeded in having his teeth removed even though they could have been saved, his dentist appears in the same light as his butcher or his grocer—"the customer is always right."

To do what should be done and to leave the rest undone is the only course we can follow and hold up our professional heads. Dentistry has taken over one hundred years to attain the position it now enjoys. Unless something is done about these problems and practices, it will not continue to progress. It will slide backward as a profession until the hard-won confidence it now holds is lost. Respect and confidence are intimately related to each other. We must have both from the public or our position will be untenable.

Medical Arts Building
Philadelphia, Pennsylvania

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



About Dentistry for Veterans

By S. V. WELLER, D.D.S.

Is the Veterans Administration's dental program a foretaste of socialized dentistry?

MANY, MANY months ago, practicing dentists were approached on the subject of dentistry for veterans. Representatives of the Veterans Administration visited all our component societies. We, many of us veterans ourselves, were reminded of our obligation toward the veteran. We were shown a schedule of fees, and reminded how generous they were. We were told assuredly: "The money is there, the program is set up, there is service to be provided. The responsibility for the success of this plan lies with the dentists. If it fails, the fault will be theirs, and theirs alone. You must support this program. The alternative—*socialized dentistry!*"

Most of us made application to serve as participating dentists. Many of us already had, in fact. We received our pamphlets of instructions and studied them thoroughly.

Veterans heard of the program and began to come in to see us, asking for information. The typical attitude of the veteran was: "Well, I was going to have this done on my own, but if the Veterans Administration will take care of the bill, let's let them do it!" Or, "I was going to put this off, but if the Veterans Administration will do it now, I want it done!" And why not?

We did what we were told. We received authorization, took roentgenograms, and filled out examination charts that looked like someone's bad dream. We put on the necessary postage and rushed to the mail chute in an effort to

get them in before the dead line.

Nothing happened.

After several months, veterans began to ask what had happened to their applications for examination. Even this preliminary step was not now receiving approval. We began to remember what that fellow from the Veterans Administration said: "The responsibility for the success of this plan lies with the dentists. If it fails, the fault will be theirs, and theirs alone!"

Most of the roentgenograms and examinations were made eight or nine months ago. We have our regular patients come in for examination every six months. Even that is sometimes not frequent enough. Much can happen in such a length of time. Veterans are human beings, and their teeth, too, continue to decay.

We searched the pages of every dental publication available to find some inkling of what was happening—had happened. We found nothing but an ominous silence. It was as if there were a suppression of news on the subject. We became irritated at the Veterans Administration, the American Dental Association, at anyone who might have thought up the nightmare.

The veterans had not asked for anything. It was offered, and they took it. We cannot blame them. Neither can we blame the dentists. They did as they were asked. There was no alternative.

Wait a minute! No alternative? That pleasant fellow from the Veterans Administration said: "The alternative—socialized dentistry!" The words frightened us so that we failed to examine carefully this program in which we were to participate.

Socialized Dentistry

Is this huge blunder we are wading through right now socialized dentistry? My own feeble mind is incapable of grasping the answer, but this I do know: It operates the way socialized dentistry will operate. It is managed by the same incompetents whom we would have managing socialized dentistry. Even if the representative from the Veterans Administration did say it was not socialized dentistry, it has many of the worst features of it.

I am proud of the dental profession. We must be the most honest group of people in the world, to trust so implicitly in the honesty and sincerity of others. I only hope we watch our steps, and look a little harder before we leap into another situation like this last one.

If and when socialized dentistry comes, it will not approach us waving a black flag emblazoned with the skull and crossbones, shouting: "I am the bogeyman you have feared so long!" It will probably wear a halo and a benign expression, saying assuredly: "I am here to save you from a much greater catastrophe!"

12 *Dunlap Court*
Jacksonville, Illinois

Dear Oral Hygiene

A Congressman Replies

In your October issue there appears an article entitled VETERANS ADMINISTRATION DENTISTRY — ITS PROMISE AND ITS PERFORMANCE, written by George B. Fritz.[1]

I have no knowledge as to who Mr. Fritz is, but having read his article I question its factual basis in many particulars. For example, there appears this statement:

"The Congress—especially the 'economy-minded' 80th Congress—must shoulder its share of the blame. It has not been overly generous. Yet, its individual members in both houses have seldom missed an opportunity to declare, for public consumption, that 'nothing is too good for our veterans,' and to imply, if not actually promise, that all an ailing veteran has to do is to drop around to the nearest dentist or physician for prompt treatment. Such tactics may be good vote-getting strategy, but they are also bound to leave a bad taste in the mouth of the disappointed veteran who takes them literally."

How any man could make such a statement as that in view of the facts is beyond me. It is apparent that the writer has succumbed to the temptation to revile and discredit the efforts of the Congress to curtail public expenditures by trying to make it appear that the difficulties in the Veterans Administration arise because of a failure on the part of the Congress to provide adequate funds. I have taken this matter up with the Veterans Administration, and in discussions with the budget officer I was advised that "the Congress voted every penny requested by the Veterans Administration for medical care of veterans." As a member of the Appropriations Committee, I know that this is true. I also discussed this matter with Doctor Toline, the acting head of the Dental Section of the Veterans Administration, and he, too, said the Congress gave them everything for which they asked. He blamed "new employees" in the Veterans Administration for giving out "dizzy" information. He blamed the difficulties upon new employees and failures in the finance section to adequately process claims.

Another matter should demonstrate clearly the falsity of the quoted statement in the article by Mr. Fritz. It is a well-established principle in government service that no department or agency can obligate the government or the agency unless there are funds available to meet that obligation when contracted. Therefore, it would be apparent to any thinking person that the Veterans Administration could not authorize a dentist to perform dental services for any veteran unless the funds were available. The complaints which I have received do not emanate from this source, but relate to the slow payment of claims of dentists who have been properly and regularly authorized to perform dental services.

As a member of the 80th Congress, I resent this type of insidious vilification, and I hope that you will see to it that

[1]Fritz, G. B.: Veterans Administration Dentistry —Its Promise and Its Performance, ORAL HYGIENE 37:1722 (October) 1947.

some correction is made that will be more nearly in accord with the facts.—FRANK B. KEEFE, M. C., *House of Representatives, Washington, D. C.*

Socialized Health Care

I am sure that you will welcome discussion of your editorial[2] in the October issue of ORAL HYGIENE. Despite the fact that our health and dental care are of a high caliber, perhaps far above that in most areas in the world, it must be admitted, nevertheless, that we still do need a greater distribution of health care. We need more medical personnel, we need more educational facilities if the population of the United States is to receive the care it needs. We also need more and more people who can pay the cost of such care. Whether health insurance is or is not the answer, I will not venture to say at this moment; but I do think that an open mind should be kept an objective discussion fully permitted wherever dentists congregate. Let us not create unduly an atmosphere of hysteria; one in which independent and creative thinking is not permissible.

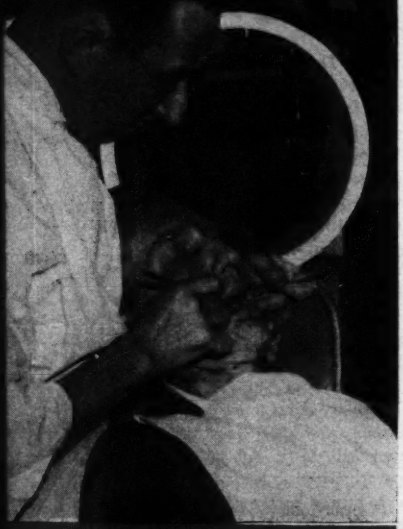
Not too long ago, practitioners frowned upon dental cases obtained through the Veterans Administration's program. I think now that these cases coming to us from the Veterans Administration, with all their difficulties and red tape, are "manna from heaven." And as time goes on, our complaint will be the dearth of such patients, caused by lack of appropriations. With many of the difficulties eliminated, could this be a pattern for future dental care? I only ask the question. I do not think that the dentist should be asked to make up his mind without fuller understanding and discussion. His economic future is at stake.

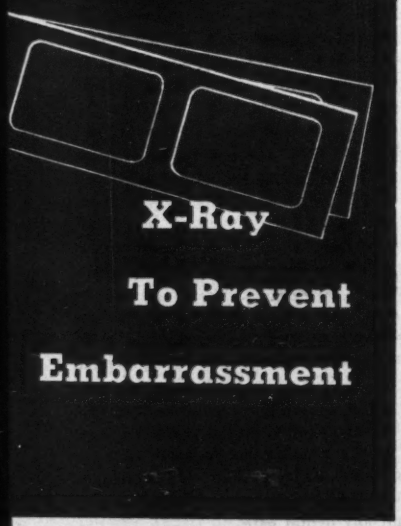
[2]Editorial: Boring From Within—But not by Dentists, ORAL HYGIENE 37:1754 (October) 1947.

The Congressional Committee report and your comment do several other things. They establish an atmosphere in which mere advocacy or approval by anyone of Federal Health Insurance would brand him as "Communistic" or "revolutionary." This is in keeping with our so-called Un-American Committee, which would stifle and control all independent thinking. I think it is unfair to call our leaders of such yeoman services as the Children's Bureau, the U. S. Public Health Service, the Department of Agriculture, the Office of Education, and the Social Security Board, "Kremlin-followers." Who is to investigate and coordinate our Nation's health services? These agencies have the trained personnel, and it is fair to assume that they will do the job of coordination of government and community in all health care needs. Are we going to subject Senator Wagner, Senator Murray, Doctor Parran, and Mr. Falk of the Social Security Board to a loyalty test? How long are we going to picture every government employee as a Communist? The issue is not "isms"; the issue remains "more and better and greater distribution of health care for the Nation." This question calls for an answer soon.

I think, further, that if we questioned fairly those who have received dental care under our "Socialized Medicine" in the Army and Navy, we would receive answers a little different from those you would expect. My feeling is that a titanic job was performed for millions in the Service, in a limited time, to fit men for action and duty. This service was at least on a level with that performed in private practice. True, the bedside manner was not always present. Let us remember that for many of these millions of men, their pay envelopes back home were not sufficient to permit any dental care.

(*Continued on page* 2116)





You can avoid complaints from patients by taking roentgenograms as a check on your dental procedures.

By J. RANDLE LUTEN, D.D.S.

X-RAY FOR HEALTH? Certainly! X-ray for diagnosis? Of course! X-ray to locate focus of an infection? Absolutely! X-ray to prevent dental disease? Yes! X-rays for caries? Always! But did you ever think of x-rays to prevent embarrassment to you?

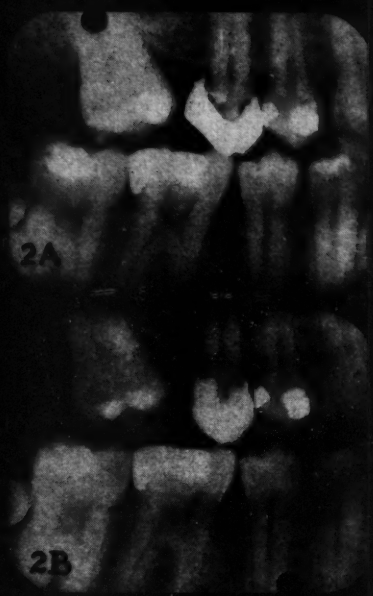
Let us look at it another way. Have you had patients come back several months after extraction and say, "Doctor, I believe you left a piece of tooth"? Or, "Doctor, my 'gums' have been hurting where you pulled my tooth. Reckon you left a root there."

Yes, we have all experienced these embarrassing episodes. We have all heard these words many, many times. Are you ready to do something about it? It will not be as hard as you think. In fact, there is a simple procedure: take a roentgenogram of the socket *after* extraction.

Make it a rule to roentgenograph every socket. Include all the easy ones, also. Because a tooth has little bone support and is removed easily, do not assume that all is well every time.

A piece of alloy may have dropped into the socket. Some particle of calculus, sliver of alveolar process, even a piece of enamel, may

1. Substances besides roots found in alveoli after extraction.
A—Sliver of alveolar process.
B—Alloy.



2. Bitewing roentgenograms to check the gingival fit of gold inlays.
A—Overhanging margin.
B—Corrected margin.

have slipped into the opening. No! Do not skip a one. Roentgenograph every socket after extraction, and embarrassment of this nature will cease to exist.

You do not have time to take an x-ray after each extraction? Few of us do, but how about your auxiliary help? You can, within a few days, train your dental assistant to take these pictures for you. Roentgenograms of this nature do not need to be perfect; they must be clear so that the sockets can be seen as adequately as possible.

It is advisable to keep these x-rays permanently in your files; a patient may come in years after an extraction and accuse you of leaving a root. As these roentgenograms taken after an extraction are definitely the property of the dentist, no patient should be allowed to carry one out of the office. If one is lost, your complete record of the case is lost with it.

Another way to prevent embarrassment is the use of bitewing

roentgenograms to check the gingival fit of gold inlays.

Overhanging margins, full margins, thin margins, short margins, and gingival margins that do not fit properly, can all be detected by the judicious use of bitewing roentgenograms. These conditions can be discovered and corrected before the inlay is cemented in place and will save you embarrassment and the necessity of making another inlay later.

808 *Boyle Building*
Little Rock, Arkansas

OFFICIAL CAR SIREN HALTS DENTIST

A WELL-KNOWN dentist who lives near Middletown, Maryland, was driving along not long ago when he felt his foot touch something on the floor of the automobile, but he paid no attention to it. A little later he again felt something on the floor and this time pressed his foot on it. Immediately the shriek of a siren sounded.

The astounded dentist then realized he was not in his own automobile.

He had parked his car outside a business establishment. When he left the business place later, he entered an auto, turned the ignition key which had been left in the switch, and drove away. At the sound of the siren he discovered his mistake and quickly drove back to where he had left his own car, an identical model.

It was here that he discovered that he had driven away in an automobile belonging to W. Lee Elgin, Commissioner of Motor Vehicles.—*Baltimore (Maryland) Evening Sun.*

DEAR ORAL HYGIENE

(*Continued from page* 2113)

If we consider the tremendous amount of infection eliminated, and the tremendous number of restorations made where needed for chewing, if we consider it in that light, perhaps "Socialized Medicine" will stop being the bugaboo that forces and agencies are trying to make professional people and laity believe it is.

I hope that we can stop the name calling, the hysteria, the unfair standards of loyalty, and get down to a real survey of the health needs of the Nation and a realization of a fair solution to the problem. Until such time, the barrage of unfounded and unfair statements being made will serve to retard all the social gains made under the late President Franklin Delano Roosevelt—PAUL JARMON, D.D.S., 63-52 *Woodhaven Boulevard, Elmhurst, New York.*

So You Know Something About Dentistry!

QUIZ XXXIX

1. At the age of 5 years (a) 20 to 30 per cent, (b) 40 to 50 per cent, (c) 80 to 85 per cent of facial growth has been completed. .....

2. When making a maxillary block injection, the quantity of solution needed is (a) greater than, (b) less than, (c) the same as, that required for the mandibular block. .....

3. True or false? Chewing gum has a tendency to adhere to acrylic restorations. .....

4. The dosage of aromatic spirits of ammonia by mouth is (a) .50 cc., (b) 2 cc., (c) 4 cc. .....

5. Which of the following elevate the lower jaw? (a) anterior portion of the temporal muscle, (b) masseter muscle, (c) external pterygoid muscle. .....

6. Is the enamel of the deciduous teeth ever mottled? .....

7. True or false? Cusps of teeth received in fossae of opposing teeth are the more rounded, and cusps which overlap are the sharper and the smaller. .....

8. In the treatment of chronic periodontoclasia, is a mouthwash necessary? .....

9. Is there any relation between diseases of the respiratory tract, colds, pneumonia, influenza, tonsillitis, otitis media, and caries? ...

10. Denture liners tend to (a) distort, (b) weaken, (c) soften, the denture base resin. .....

FOR CORRECT ANSWERS SEE PAGE 2126

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WHAT MAKES A GOOD DENTIST?

VOCATIONAL guidance counsellors should be commended for their efforts in studying the interests and aptitudes of young people in the attempt to determine what kind of people should enter dental training. A study made by the Veterans Administration among veterans attending dental schools suggests that there are four criteria that may be applied to students to determine if they have a better-than-average chance of success in dental training.

According to the Veterans Administration, chances for success are best if the student fulfills these requirements:

1. If he made high grades in biology and the natural sciences in his predental training.
2. If he scored well in his mental ability tests.
3. If he achieved high scores in mechanical aptitude and dexterity tests, "for better than half of dental training consists of courses requiring manual dexterity."
4. If he reveals an aptitude for dentistry in interest tests.

Many dentists will protest that these tests are too general and that they are not specifically applied to the training of the dentist. They will argue, and with conviction, that high college grades in biology, favorable scores in mental ability and interest tests, merely show that the person has a good mind but not necessarily the making of a good dentist.

Most dentists will probably agree that a high score in mechanical aptitude and dexterity tests is significant. Most of the dentist's life is concerned with executing precise mechanical procedures in confined and restricted areas. The person who lacks patience and the ability to concentrate on exacting mechanical procedures will not be happy in the confining field of dentistry.

Although it may not be within the province of vocational guidance,

an attempt should be made to probe the prospective dental student's attitude toward life and people. The practice of dentistry is an intimate affair. A dentist is thrown into close physical contact with people. He must perform unpleasant operations upon their tissues. He must be aware that he usually sees people at their worst; suffering under the clouds of fear, apprehension, and regression. Despite how well he performed in his scientific training courses or the dexterity he showed in manual tests, a dentist is headed for a hard life if he is not tolerant, understanding, and cooperative with people. The inverted, asocial, disinterested person has no place in a profession that is concerned exclusively with the physical and emotional problems of human beings.

Every dentist at some time has reflected upon the paradoxes in dental practice. He has seen dentists with highly developed technical talents and a vast fund of information who were without a practice. He has seen other dentists with only enough skill to pass a state board examination who prospered long in practice.

We have lumped the factors for success or failure under the catch-all heading "personality." We probably meant that the unsuccessful dentist lacked a favorable personality, while the successful person was endowed with an acceptable personality. The fact is that this explanation probably hits close to the truth.

What is this intangible quality, personality? It has little to do with physical appearance, wealth, education, or skill. Kings often lack it; vassals may have it to a high degree. It has been called "magnetic" if favorably developed, and "forbidding" if lacking. It has something to do with the gift of human warmth and understanding. It is closely associated with the ability to put one's self in the position of the other fellow. The Golden Rule, so easy to quote and so hard to practice, is a description of the operation of the human personality at its best.

A *good* dentist is developed by encouraging a mind that has scientific interests and by training hands that have mechanical aptitudes. But that is not all! A *good* dentist must be an understanding human being who recognizes the pains of others and strives to control them as if they were his own.

Edward J. Ryan

Portraits and Profiles

OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Below (left to right): Ernst Haderup, Copenhagen, Denmark; Balint Orban, Chicago; Thure Brandrup-Wognsen, Stockholm, Sweden; and Guttorm Toverud, Oslo, Norway, attend the meeting of the Fédération Dentaire Internationale held in Boston during the Eighty-Eighth Annual Meeting of the American Dental Association.

Above: Attending the Boston meeting from San Francisco are Hermann Becks (left), faculty member of the University of California College of Dentistry and President of the Seminar on Dental Medicine; and John E. Gurley, Editor of the *Journal of Dental Education*.

★

Officers of the Indiana State Dental Society attending the Boston meeting as members of the Indiana Delegation are (left to right): Herb Mason, President-Elect; E. E. Ewbank, Secretary; Frank H. O'Halloran, Executive Committeeman; W. P. McNulty, Master of Exhibits; and William Bogie, President.

Above: William J. Sterling, of Cleveland, former member of the Ohio State Dental Board and active in the affairs of organized dentistry, is named "Man of the Month" in a recent issue of the *Bulletin of the Cleveland Dental Society*.

Above: At the dinner of the Fédération Dentaire Internationale are C. F. Nord (left), of Holland, newly elected President of the organization; and Daniel F. Lynch, Trustee of the American Dental Association.

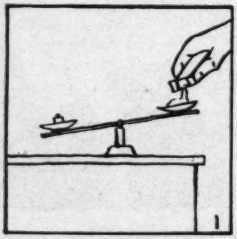
Right: Sterling V. Mead discusses dental affairs with United States Congressmen Leo Allen, of Illinois, Chairman of the House of Representatives Committee on Rules, who addressed the second general session of the Boston meeting.

Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.
Drawings by Dorothy Sterling

Producing a Denser Mix of Stone

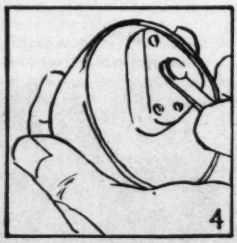
By E. A. SAEGER, D.D.S.



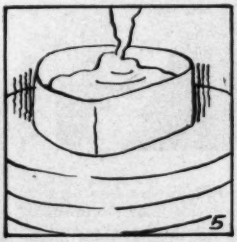
Weigh materials, following the directions given by the manufacturer.

Pour powder into water and hand-spatulate hard for one minute.

Place mixing bowl on vibrator to reduce the bubbles.



Use of a mechanical spatulator will reduce bubbles to a minimum.



Pour model with the impression on the vibrator.

The result is a hard, dense model.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Rampant Caries

Q.—I have a patient, a girl 16, whose general health is good. Her parents are edentulous; unhealthy teeth are characteristic of her family.

This girl has been under my care since early childhood. Her deciduous teeth were poor but were retained until time for normal loss. She has been advised as to diet, and anxious, intelligent parents have cooperated.

Rampant caries has been and still is our difficulty. She presents for examination every four months and each time new cavities are located. Some of her first molars are completely girdled with gingival restorations. New cavities appear on the cusps of cuspids and bicuspids. I have used silver nitrate freely in the posterior regions of the mouth. I have applied 1:1,000 sodium fluoride topically numerous times, observing prophylaxis first, and applying to thoroughly dry teeth.

Several months ago I referred her to a specialist in diagnosis and internal medicine. He reports as follows but offers no encouragement dentally.

B.M.R., -16. (Thyroid extract was prescribed.)

Blood Ca and Ph, normal.

Blood count, normal.

Hemoglobin, normal.

There no doubt are approaches to this problem with which I am not familiar; so I shall be most appreciative of your suggestions and comments.—M. A. G., Idaho.

A.—The letter gives details of conscientious, intelligent care of a most discouraging case of rampant caries.

As you suggest indirectly, an inherited tendency may have some bearing on this case. The minus B.M.R. may also have an influence, but any possible benefit from treatment of the hypothyroidism would not be apparent immediately.

You speak of the matter of diet, and I assume that the child has been on a reasonably low carbohydrate diet. However, your description of the prevalence of cervical caries makes me wonder if the child is a gum-chewer. It has been shown that even in relatively caries-free mouths the gum-chewing habit is likely to be followed by general cervical caries. The topical application of sodium fluoride at least four times a year has given results in children's mouths of a reduction of up to 40 per cent in the incidence of caries. But as this has been known only since 1943, your patient could not have had the maximum benefit from this treatment even if you started it that early. We have been told that ammoniated silver nitrate is not effective in controlling caries. One must use the silver nitrate crystals.

In such a case as yours we have a bacillus acidophilus count made, and if the count is high, and it usually is, we put the patient on a

diabetic diet for two weeks. This usually brings the count down with a reduction in the incidence of caries. We then put the patient back on a normal diet gradually and in a month or two make another count. If the count is again high, we repeat the first treatment and then the count is likely to stay down for perhaps a year.

These children often outgrow their susceptibility to caries as they pass out of their 'teens.—GEORGE R. WARNER.

Prevention of Caries

Q.—I have a patient, a man 60 years old, whose teeth did not develop much caries until he was 40. Then as time went on caries developed faster until now I find at least one or two cavities a month. He takes the best of care of his teeth.

Is there anything he can eat to check this condition? Can a person use a mouthwash or take fluorine internally to prevent caries?

We have a town here in Texas, Hereford, that has the correct amount of fluorine in the drinking water to prevent caries if the person is born there and lives there during the formative years. If a person moved there and washed his mouth out with the water regularly, would that prevent decay, or would he have to drink the water?—H. T. G., Texas.

A.—As I understand the situation in Deaf Smith County, Texas, where Hereford is situated, it is not only the fluorine in the water but the mineral content in the soil that is responsible for people's immunity to dental caries. These minerals, the most important probably being phosphorus, are present in the vegetation and therefore also in the milk and meat produced in that particular region.[1]

It is likely that if your friend would move to Deaf Smith Valley, his tendency to rampant caries would be checked. Just drinking the water would probably not be enough, and certainly using it as a mouthwash would have no effect.

Some people claim that taking ground "seakelp" or "parkelp" tablets will provide the necessary minerals to prevent caries, and eating whole wheat and other foods grown in Deaf Smith County should help.

It is not logical that any mouthwash could be effective in preventing decay, and so far as I know taking doses of fluorine internally for caries prevention has not been tried.—V. CLYDE SMEDLEY.

Denture Rebasing

Q.—I have a patient who has an upper denture made three months after extraction which has become loose. Having been fortunate in denture making, I have had little need for relining. As there seem to be different methods, will you please advise me how you would do it?—P. S. B., Massachusetts.

A.—The method of rebasing that has been satisfactory in my hands is as follows: With an upper denture relieve generally over the hard palate and make one or more holes with a No. 10 bur through the central area of the denture. Dry the denture thoroughly and warm it to about body temperature by passing it back and forth over a Bunsen burner. Squeeze previously heated impression material from the tube, covering the entire tissue-bearing surface. Run a hot spatula through it to make sure that it is uniformly in a flowing condition. Press the denture backward as you insert it and have the patient close gently and repeatedly on the back

[1]Heard, G. W.: Postscript from "The Town Without a Toothache," ORAL HYGIENE 37:1015 (June) 1947.

teeth, watching to see that they do not protrude the mandible to skid the denture forward. You can usually tell upon removal of the denture if this has occurred. If so, repeat until satisfied that you have secured a good closed-mouth impression in correct centric occlusion.

The holes in the palate are to provide for the escape of entrapped material that might otherwise cause overcompression in the palate or a skidding forward of the denture. As soon as the denture is correctly seated, have the patient chill and remove. If the impression is incomplete in any limited area, warm some of the excess with a spatula, re-insert the denture, chill and remove until impression is complete and satisfactory in every way. The impression procedure with a lower is much the same.

Excess impression material is carefully trimmed away and the case is flasked accurately, packed, and cured.—V. CLYDE SMEDLEY.

Ptyalism

Q.—I have a patient who had an excessive salivary flow for several months previous to the extraction of all teeth. This was annoying to the point of disturbing the patient's normal sleep. Following the extraction of all teeth and the insertion of dentures, the condition became highly aggravated; forcing the patient to discard the dentures in the hope of relief. I prescribed atrophine sulfate 1/120 grain without any success.

Any suggestion you could offer for the management and control of this condition will be greatly appreciated.—A. A. K., California.

A.—It is the experience of dentists that ptyalism or aptyalism is likely to occur as a result of the loss of all teeth and the insertion of dentures. These conditions develop, as ptyalism has in your case, when there has been no major disturbance of the natural dentition. Thoma[2] gives the following causes of an excessive flow of saliva: nausea and vomiting, gastritis, morning sickness because of pregnancy, mercurialism, stomatitis, Vincent's infection, macroglossia, idiocy and dementia, facial paralysis, bulber paralysis, and drugs. The drugs that may cause this condition are mercury, iodides, pilocarpine, arsenic, aconite, potassium chlorate, bromide, and copper. Some authorities mention spices, tea, and coffee.

The loss of the teeth and the insertion of dentures are probably the most common causes of both conditions under discussion, but those conditions can be or become largely psychogenic. One of the most important and helpful aids in treatment is to impress on the patient the helpfulness and even necessity in the control of the condition of swallowing the saliva and making every effort to disregard the excessive amount of it. This may sound impossible to the patient, but it is not impossible and has brought about a reasonably normal condition in many cases. Belladonna or its derivatives are helpful but must not be used long.—GEORGE R. WARNER.

Gingival Recession

Q.—I have a patient in her middle forties who has a recession of the labial gingiva around the lower right central. At present it is more than half way down the root. There is an inflammation around the receding area.

[2]Thoma, K. H.: Oral Diagnosis and Treatment Planning, Saunders, 1936.

I have tried subgingival curettage and also a cautery with little result.

The same patient has an upper left central that is starting to protrude and I cannot find a cause for it.

There are a few small pockets throughout the mouth with a normal gingival recession. Otherwise the mouth is normal.

Will you please explain the cause and treatment for both of these conditions?—A. S., New York.

A.—Marked recession of the gingiva on the labial aspect of a mandibular central incisor is usually the result of a high attachment on the gingiva of the labial frenum. If such a high attachment is discovered and the renum severed early in the gingival recession or before it has started, it will usually not progress further or not start. When a case has progressed as far as your case, there is little that can be done.

Extrusion of a maxillary central incisor may result from traumatic occlusion, vertical alveolar atrophy, or diffuse alveolar atrophy. If you will send me a roentgenogram of your case I think I can tell you in which category it falls and what the treatment should be.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XXXIX

(*See page* 2117 *for questions*)

1. (c) 80 to 85 per cent. (Strang, R. H. W.: A Textbook of Orthodontia, 2nd Edition, Lea & Febiger, 1943, page 206)
2. (a) greater than. (Collon, David: Maxillary Block Anesthesia, J.A.D.A. 33:991 [August] 1946)
3. True. (Tylman, S. D.: The Use of Acrylic Resin in Restorative Dentistry, J.A.D.A. 33:1247 [October] 1946)
4. (b) 2 cc. freely diluted with water. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 23)
5. All. (Rosenbaum, William: Sclerosing Treatment for Subluxation of the Temporomandibular Joint, Am. J. of Orth. 32:554 [October] 1946)
6. Yes. (Smith, M. C., and Smith, H. V.: The Occurrence of Mottled Enamel of the Temporary Teeth, J.A.D.A. 22:814 [May] 1935)
7. True. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 40)
8. No. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 154)
9. No. (Thoma, K. H.: Oral Pathology, Mosby, 1941, page 556)
10. All. (Beall, J. R., and Caul, H. J.: Liners for Dentures, J.A.D.A. 33:304-317 [March] 1946)

ANNUAL INDEX

Volume 37, 1947

ARTICLES

I have tried subgingival curettage and also a cautery with little result.

The same patient has an upper left central that is starting to protrude and I cannot find a cause for it.

There are a few small pockets throughout the mouth with a normal gingival recession. Otherwise the mouth is normal.

Will you please explain the cause and treatment for both of these conditions?—A. S., New York.

A.—Marked recession of the gingiva on the labial aspect of a mandibular central incisor is usually the result of a high attachment on the gingiva of the labial frenum. If such a high attachment is discovered and the renum severed early in the gingival recession or before it has started, it will usually not progress further or not start. When a case has progressed as far as your case, there is little that can be done.

Extrusion of a maxillary central incisor may result from traumatic occlusion, vertical alveolar atrophy, or diffuse alveolar atrophy. If you will send me a roentgenogram of your case I think I can tell you in which category it falls and what the treatment should be.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XXXIX

(*See page* 2117 *for questions*)

1. (c) 80 to 85 per cent. (Strang, R. H. W.: A Textbook of Orthodontia, 2nd Edition, Lea & Febiger, 1943, page 206)
2. (a) greater than. (Collon, David: Maxillary Block Anesthesia, J.A.D.A. 33:991 [August] 1946)
3. True. (Tylman, S. D.: The Use of Acrylic Resin in Restorative Dentistry, J.A.D.A. 33:1247 [October] 1946)
4. (b) 2 cc. freely diluted with water. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 23)
5. All. (Rosenbaum, William: Sclerosing Treatment for Subluxation of the Temporomandibular Joint, Am. J. of Orth. 32:554 [October] 1946)
6. Yes. (Smith, M. C., and Smith, H. V.: The Occurrence of Mottled Enamel of the Temporary Teeth, J.A.D.A. 22:814 [May] 1935)
7. True. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 40)
8. No. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 154)
9. No. (Thoma, K. H.: Oral Pathology, Mosby, 1941, page 556)
10. All. (Beall, J. R., and Caul, H. J.: Liners for Dentures, J.A.D.A. 33:304-317 [March] 1946)

ANNUAL INDEX

Volume 37, 1947

ARTICLES

*Winner of the $100 ORAL HYGIENE prize award.

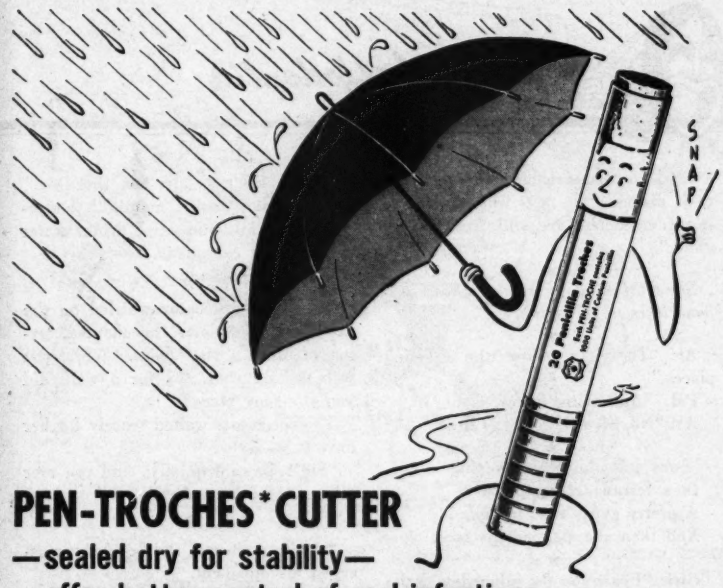
EDITORIALS

NEW EDITION OF "SAGEBRUSH DENTIST" IS PUBLISHED

A REVISED edition of SAGEBRUSH DENTIST, the late Doctor Will Frackelton's salty story of his experiences as a dentist in Wyoming in the '90s, is being published by Trail's End Press of Pasadena, California.

Included in the new edition is a chapter on Buffalo Bill Cody's unsuccessful attempt to secure a divorce, with liberal excerpts from the Wild West showman's testimony on the witness stand.

The details of the suit were told to Herman Gastrell Seely, Doctor Frackelton's brother-in-law and co-author. Many dentists will remember Seely as the financial editor of the *Chicago Daily News* who took part in a round-table discussion of business prospects before the Chicago Dental Society's Midwinter Meeting in 1947.



PEN-TROCHES*CUTTER

—sealed dry for stability— offer better control of oral infections

Where penicillin potency is concerned —beware of water! Even atmospheric moisture causes rapid deterioration.

That's why you find Pen-Troches Cutter only in single-prescription vials, never in bulk. Massed without water, they're *sealed* against even airborne moisture.

Now available—Pen-Troches of 5000 units penicillin each, in vials of 25. Also, Pen-Troches of 1000 units penicillin each, in vials of 20. Both are compounded without aromatic flavoring — to discourage "tonguing and chewing."

Specific in treating Vincent's, Pen-Troches are useful also in the treatment of any penicillin-sensitive infections that the saliva can reach.

Your patients will appreciate the convenience of the single-prescription vial. And you'll be assured that they're using a fully potent product—when you *specify* Pen-Troches Cutter.

• • •

CUTTER LABORATORIES
Berkeley 1, California

CUTTER
Fine Biologicals and Pharmaceutical Specialties

*Cutter Trade Name.

Laffodontia

Clerk, to disagreeable customer: "Go easy, madam; the days when I used to insult customers are still fresh in my mind."

★

She's the kind of woman whose husband likes to go fishing.

★

Al: "There's a fellow who is going places."

Pal: "Ambitious fellow, is he?"

Al: "No, his wife is out of town."

★

'Twas just the other evening
In a fortune-telling place,
A pretty gypsy read his mind
And then she slapped his face.

★

Girl: "I saw you the other day at the corner winking at the girls."

Wolf: "I wasn't winking. That's a windy corner. Something got in my eye."

Girl: "She got into your car, too."

★

A friend called to console a widow:

Friend: "We were friends. Isn't there something I can have of his as a memento?"

Widow (wiping her tearful eyes, and whispering): "How would I do?"

★

City Motorist: "We helped ourselves to your apples and pumpkins, old man. Just thought we'd tell you."

Farmer: "Oh, that's all right. While you were in the orchard and garden I helped myself to your spare tire."

★

A woman went to buy a drinking trough for her dog. The shopkeeper asked if she would like to have one with the inscription, "For the Dog."

"It doesn't really matter," she replied. "My husband never drinks water and the dog can't read."

★

The irate prosecutor whirled on the defendant: "Madam," he shouted, trying to prove a vital point. "While you were taking your dog for a walk did you stop any place?"

The spectators waited tensely for her answer.

"Sir," she said quietly, "did you ever take a dog for a walk?"

★

"You're a cheat!" the first lawyer accused his opponent.

"You're a liar!" the other retorted.

Then from the Judge: "Now that these attorneys have identified each other, we shall proceed with the case."

★

"To what do you owe your advanced age and good health?" asked the stranger.

"Can't say yet," said the old man, "for there's several of those testimonial fellers dickerin' with me."

★

A woman missed her gloves as she was leaving the restaurant where she had dined with her husband. Asking him to wait, she hurried back to look for them, searching first on the table, and finally peering under it.

The waiter who had served them hurried up to her. "Pardon me, madam," he said, "but the gentleman is there by the door."

"MY PET PATIENT," says Dr. T. J. S., "suffers from insomnia every night, so in the daytime he's a very tired man. He yawns and yawns all during his treatments.

"But he woke up in a hurry when I told him that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, and exclaimed:

"'That's Detoxol—it wakes up my mouth after a sleepless night!'"

MERRELL
1828

DETOXOL TOOTH PASTE
BRAND

THE WM. S. MERRELL
COMPANY
CINCINNATI, U. S. A.

Trademark "Detoxol" Reg. U.S. Pat. Off.

In Sorrow Thou Shalt Bring Forth Children"

1807-1870

"In Sorrow Thou Shall Bring Forth Children . . ."

That was the curse pronounced upon Eve in the Garden of Eden. That, too, was the verdict of the clergy for many centuries.

But Sir James Young Simpson was of a different opinion. He sought something to bring relief to suffering womanhood from the pain of childbirth. He tried ether and found it wanting. For months he experimented with other drugs. Then he discovered the anesthetic properties of chloroform and began to use it successfully for the alleviation of suffering during childbirth.

Like other Men Against Pain, Simpson, too, found opposition to his discovery — from the clergy on religious grounds, from his professional colleagues on an ethical basis.

AN EARLY CHLOROFORM APPARATUS

Sir James Young Simpson stands high on the list of Men Against Pain.

Accepted COUNCIL on DENTAL THERAPEUTICS AMERICAN DENTAL ASSOCIATION

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

MEN AGAINST PAIN

from JAMES Y. SIMPSON *to* MONÓCAINE

Pain is just as agonizing in the dental chair as in childbirth. Our Men Against Pain, like Sir James Y. Simpson, are forever on the alert to discover new drugs, better containers.

Through painstaking research, some forty new compounds possessing anesthetic properties were synthesized in our laboratories. Of these, Monócaine HCl proved, in experimental work on animals, to be a local anesthetic of great potency and safety. Clinical application fully substantiated the findings of our research workers.

Now, after a decade since its introduction—more than 99% of all Novol procaine users have chosen Monócaine HCl as their anesthetic, not because of the findings of the pharmacologist or the chemist, but because of results they obtain on patients, in their own offices. More than 150,000,000 injections have been safely made with Monócaine HCl.

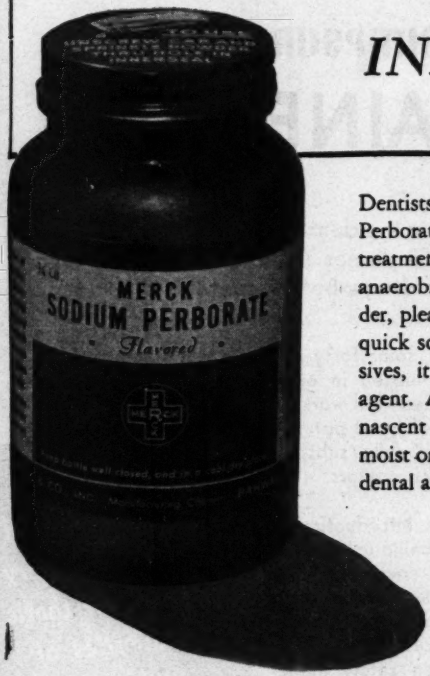
1947 Marks The Centennial of the discovery of the anesthetic properties of Chloroform

Like Dr. Simpson, you, too, are a ***Man Against Pain.*** You, too, should ***Blackout Pain with Monócaine.***

Monócaine is the registered trade mark of the Novocol Chemical Mfg. Co., Inc.

NOVOCOL CHEMICAL MFG. CO., INC.
2911-23 Atlantic Ave. Brooklyn 7, N. Y.

For The Treatment of Certain ORAL INFECTIONS



Dentists have found in Merck Sodium Perborate Flavored an effective aid in the treatment of oral infections harboring anaerobic organisms. A pure white powder, pleasant to taste, finely screened for quick solubility, with no insoluble abrasives, it also is effective as a cleansing agent. Alkaline in reaction, it liberates nascent oxygen when in contact with moist oral tissues. Advertised only to the dental and medical professions.

Accepted
COUNCIL on DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION

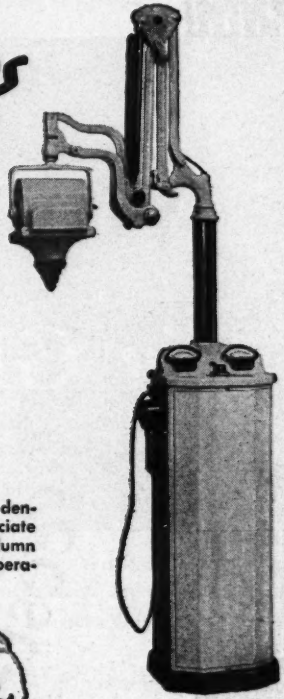
MERCK SODIUM PERBORATE FLAVORED

MERCK & CO., Inc. RAHWAY, N. J.
Manufacturing Chemists
In Canada: Merck & Co., Ltd., Montreal, Que.

MERCK
MERCK

Everyone likes the CDX

These Owners Tell Reasons Why!



"Streamlined tube head gives full visibility of operating field at all times."

"Taller than average dentists like myself appreciate the adjustable tube column . . . really facilitates operation."

"The easy handling of the CDX always appealed to me. Produces radiographs with a minimum of time and effort."

"Wide travel range of tube head permits radiography of both jaws at one chair level. Great time saver."

"Best looking unit! Has a beauty of design all its own. Lasts longer too."

"Helped me build my practice faster. Made a favorable impression on my patients."

These voluntary comments by CDX owners are just a few of the many reasons why thousands of dentists are confirmed CDX enthusiasts. To learn *all* the benefits of owning a CDX write today for our "fact-packed" CDX booklet. No obligation of course. Address General Electric X-Ray Corporation, 175 W. Jackson Blvd., Chicago 4, Illinois.

GENERAL ELECTRIC X-RAY CORPORATION

Vermonite

in GEL FORM

Fastest-flowing FORM *of*

[redacted] For dentures with SUPERIOR *physical properties* including *hardness, density* and *strength* specify Vernonite in the Gel form — the pre-mixed form ready for precision processing.

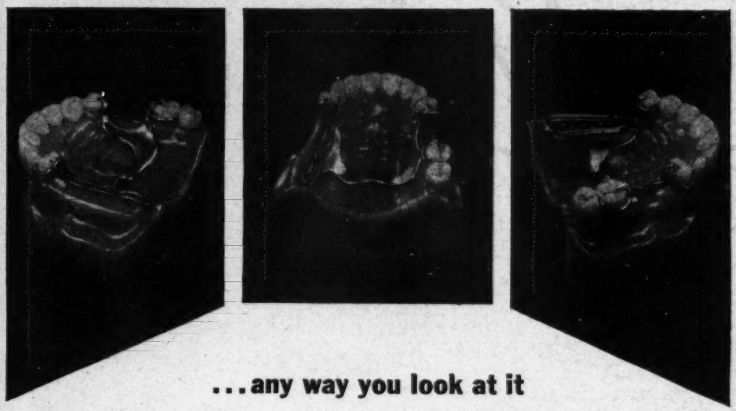
The long hours required for mechanical pre-mixing and gelation under controlled temperatures and atmospheric conditions, allow ample time for the hard particles to become completely softened. As a result you get a free flowing acrylic 'dough' that fills the farthest and tiniest recesses of the mold. It becomes completely homogeneous — a true *plastic* gel, not just an aggregate of hard grains with soft surfaces.

Thoroughly pre-mixed Vernonite Gel removes the errors and variables inherent in hand-mixed powder and liquid and assures greater uniformity. Specify Vernonite —and if you want the hardest, strongest dentures possible specify the Gel form of Vernonite.

VERNON-BENSHOFF CO., P.O. Box 1587, Pittsburgh 30, Penna.

of ACRYLIC RESIN

A resilient, one-piece casting...



...any way you look at it

You get **6** **IMPORTANT ADVANTAGES** *with* **Platinum-PALLADIUM-Golds**

1. Increased strength combined with appropriate resiliency.
2. Controllable hardness for resistance to wear.
3. Strong, high-carat solders can be used.
4. Ease in hardening and softening operations.
5. Resistance to discoloration.
6. Rapid transmission of heat and cold sensations *(most important in full upper plates).*

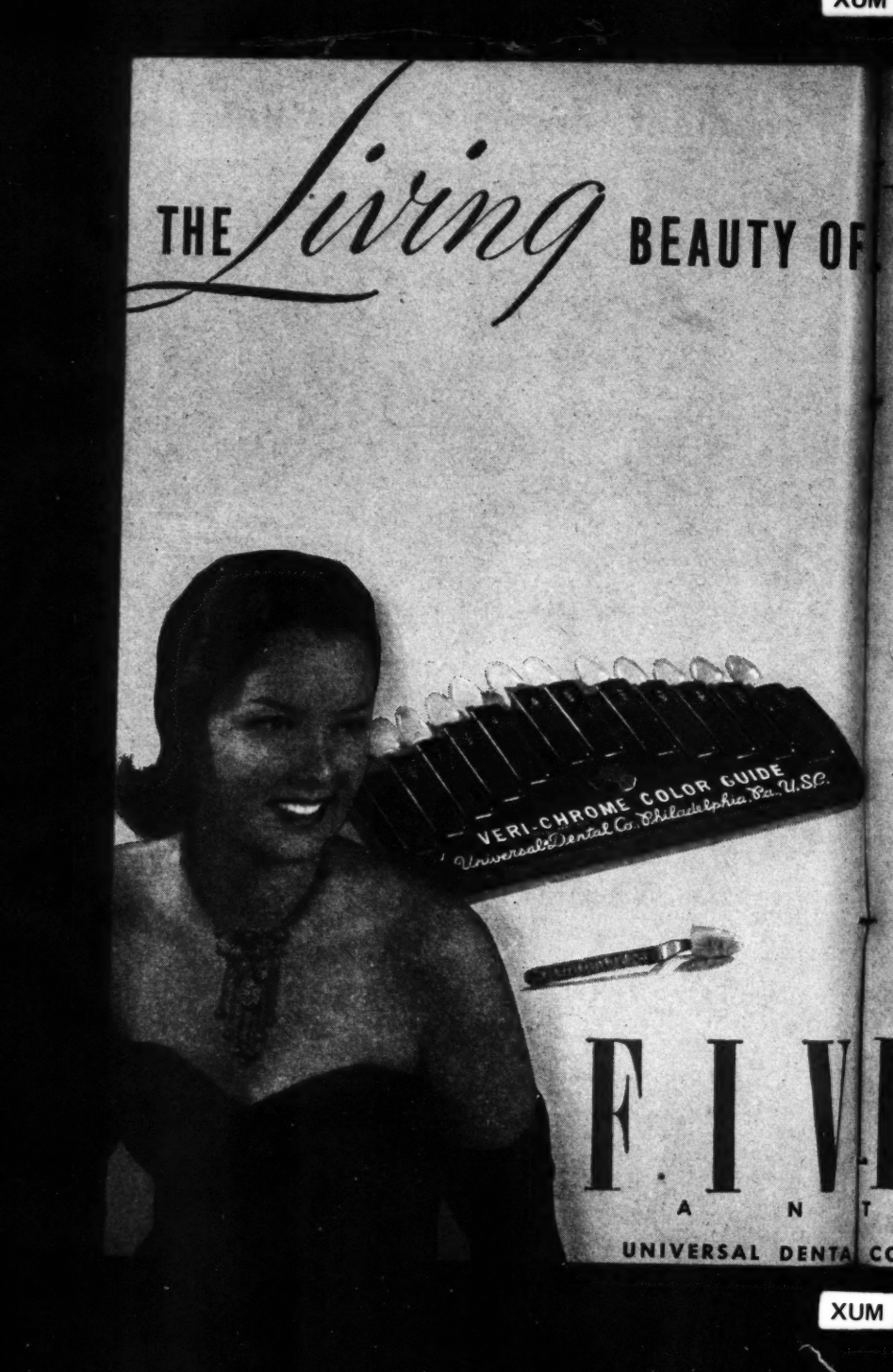
ACCURATELY-FITTING RESTORATIONS are obtained by use of strong, resilient dental golds containing platinum and palladium.

Available in colors from white to gold, their surfaces require but a minimum of finishing.

There are forty pages of information in "Platinum-Palladium-Golds in Dentistry." Have you sent for your free copy?

Platinum Metals Division

THE INTERNATIONAL NICKEL COMPANY, INC. *67 Wall St., New York 5, N. Y.*


THE Living BEAUTY OF
VERI-CHROME COLOR GUIDE
Universal Dental Co. Philadelphia, Pa., U.S.A.
F I V E
A N T
UNIVERSAL DENTA

Veri-chrome

NATURAL TOOTH COLORS

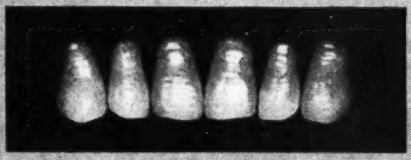
The esthetic perfection of Veri-chrome Natural Tooth Colors and the "living" characteristics of dentures made with Five-Phase Anteriors, win the full, deep gratitude of both Doctor and Patient.

Five-Phase Anteriors are lifelike . . . *entirely* lifelike! Their beautiful, alive appearance in the mouth . . . under all light conditions . . . is a still-unmatched prosthetic advancement that avoids the comparatively inanimate appearance of the stereotyped case.

Try Five-Phase Anteriors on your next case and verify why so many dentists are enthusiastic users of this superlative tooth.

Ask us or your Universal Dealer about our attractive Mould Guide offer. ★ ★

BE SURE TO SPECIFY WITH THE VERI-CHROME COLOR GUIDE



PERSONALIZED DENTURES: Thousands of Doctors find our Family Trait Recorder extremely helpful to pattern personalized dentures. A "Recorder" and full details will be sent you immediately upon request.

E-PHASE

T E R I O R S

TA COMPANY · 48th at BROWN ST., · PHILA. 39, PA.

For the D.D.S. Who Wants the Best

SILK
CATGUT
HORSEHAIR
DERMAL

• The dental surgeon has readily available a complete selection of Exodontia Sutures in the Ethicon line.

Non-Boilable Catgut Sutures are ready to use, sterile and pliable; require no soaking. Sizes 3-0 and 00, with half-circle needles.

Black Braided Silk on 25-yard spools. All sizes. Prepared especially for surgery.

Exceed U. S. P. strength requirements.

Also, Skin (Dermal) and Horsehair Sutures.

ORDER FROM YOUR DEALER

ETHICON
Sutures

ETHICON SUTURE LABORATORIES

DIVISION OF JOHNSON & JOHNSON, NEW BRUNSWICK, N. J.

TORIT

Gas Apparatus

FOR CITY GAS, NATURAL GAS, ACETYLENE GAS, TANK PETROLEUM GAS

Whatever your requirements, TORIT will supply the proper gas apparatus

TORIT Blowpipes • TORIT Bunsen Burners • TORIT Wax Eliminators. Only the TORIT line is complete. There is a model for every service and every type of gas commonly used in dental laboratories.

TORIT gas apparatus is correctly designed and sturdily constructed. Simple to operate, each unit will give a lifetime of service.

Due to increased production, TORIT gas apparatus and all the other items in the TORIT line are now available for immediate delivery.

TORIT

For complete information and the latest TORIT Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minnesota

Torit Dental Products


Speed Proficiency
free supply on request
WERNET DENTAL MFG. CO., INC.
100 BALDWIN AVENUE • JERSEY CITY 6, N. J.
47M

...more surely

DUAL CONTROL means *reassurance* for the novice pilot—and less risk of *accidents*.

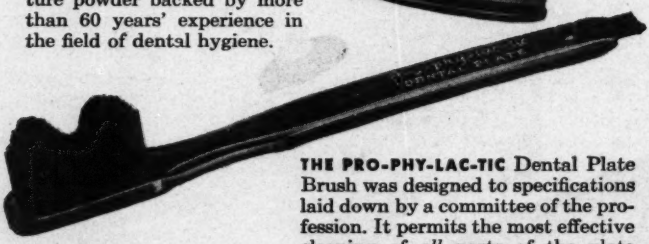
• Patients, too, appreciate the value of a dual control of their new dentures. The natural control "built in" by a perfect fit—*plus* the extra reassurance and protection from "accidents" provided by Wernet's Powder during the awkward period of developing proficiency.

WERNET'S POWDER

TO SPEED THE MASTERY OF THE NEW DENTURE

Help for your Denture Patients

PERMA-GRIP Adhesive Denture Powder can serve importantly to build your patient's self-confidence during the early stages of accommodation to a new denture. Perma-Grip provides exceptional holding power without danger of irritation to delicate tissues. It is made with high quality karaya gum and resists "balling up" under the denture. You can confidently recommend Perma-Grip, the *improved* denture powder backed by more than 60 years' experience in the field of dental hygiene.



THE PRO-PHY-LAC-TIC Dental Plate Brush was designed to specifications laid down by a committee of the profession. It permits the most effective cleaning of *all* parts of the plate without danger of damage to clasps and attachments. Recommendation of a Pro-phy-lac-tic Dental Plate Brush will pay you dividends in extra good-will.

Pro-phy-lac-tic Brush Company
Florence, Mass.

...g the early arrivals who ...d through the newly deco-

...Seen chatting during the intermis- ...Bradley French, the latter wearing

...Theresa Helburn and Mr. Law... Langner.

The term "balance of power" has long ...ness of man or men entrusted ...

KERR MANUFACTURING COMPANY, Detroit, Mich.
Exclusive distributors to the dental field

CONCENTRATED LIQUID X-RAY DEVELOPER AND FIXER

SWIFT! SAFE! SURE!

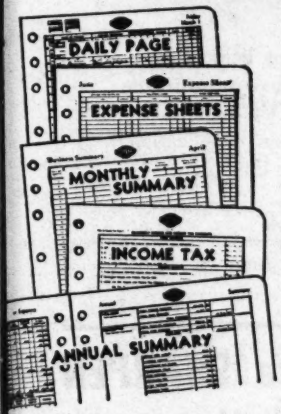
SWIFT—Solutions prepared and ready to use without fuss, in less than 60 seconds. **SAFE**—Uniform quality guaranteed through rigid laboratory control. **SURE**—Radiographs of proved accuracy, clarity and diagnostic detail.

These are the reasons FR remains first choice in dental and hospital darkrooms . . . year after year.

The FR Corporation, 951 Brook Avenue, New York 56, New York

the DAILY LOG

Protects your practice from Financial Leaks



16 valuable forms condense your bookwork into ONE VOLUME

The DAILY LOG stops "financial leaks by giving a current picture of your practice—every day in the year. Designed specifically for dentists. It is desk-drawer size, loose leaf for convenience and flexibility.

The LOG catches all charges due . . . shows exactly where your money goes . . . keeps costs in line. Covers all business aspects of your practice . . . along with many special forms that every dentist needs.

Five minutes a day is all that is required by most DAILY LOG users to keep their book in up-to-the-minute form. Time saved can be devoted to your practice . . . or to much needed recreation. The coupon below brings you the 1948 LOG, which is sold on a money back guarantee.

Send for Your Copy Today

FOR DENTISTS

COLWELL PUBLISHING CO.
260 University Ave., Champaign, Ill.

☐ Please send me the '48 DAILY LOG. ☐ Send C.O.D. ☐ Check for $6.50 enclosed.
☐ I would like more information about the DAILY LOG.

Dr. _____

Address _____

City _____ State _____

COLWELL PUBLISHING CO. Champaign, Illinois

PROPHYLAXIS PASTE with GENUINE ITALIAN PUMICE

Genuine Italian Pumice, American Ground—the most uniform, efficient, and fast-working pumice known—is the basis of this popular prepared cleaner. Easy to use—its special ingredients prevent spattering, separation, "balling up," and rolling off the teeth. For a cleaner whose fragrance, color, and efficiency appeals to patients, use Buffalo Prophylaxis Paste. Price $1.25 per 10 oz. jar.

A DOUBLE-DUTY DISH

For paste, pumice, or medicaments. Bottom has useful concavity. Only $.50.

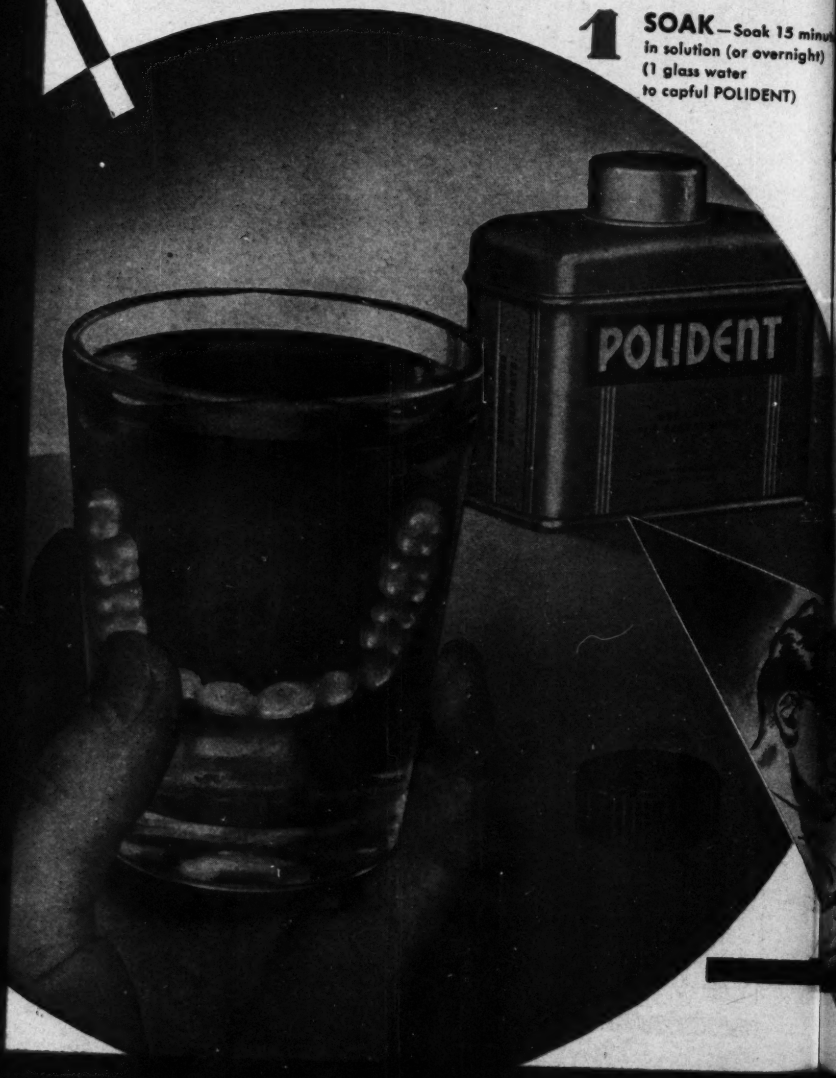
BUFFALO DENTAL
Manufacturing Co., Buffalo 3, N. Y.

NEARLY A CENTURY OF SERVICE TO THE DENTAL PROFESSION

2156

BETTER CLEANSING

1 **SOAK**—Soak 15 minu
in solution (or overnight)
(1 glass water
to capful POLIDENT)



TECHNIQUE

Easier on the { **DENTIST PATIENT DENTURE**

The POLIDENT method of cleansing dentures is simple, yet it is safe and thorough, and can add years to the life of your patients' dentures.

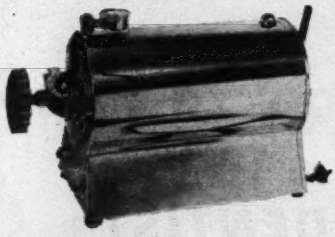
Soaking in a glassful of POLIDENT solution assures not only gentle, chemical removal of stains, food debris and mucin deposits . . . it also helps avoid loss of proper fit through abrasive brush and powder cleansing. The risk of chipping and breaking due to handling, too, is kept to a minimum. The POLIDENT way is the *easier* way — the *better* way — anyway you look at it!

HUDSON PRODUCTS, INC., JERSEY CITY 6, N. J.

Approved for use by the leading manufacturers of acrylic denture materials.

KEEP DENTURES FIT WITH **Polident**

2 **RINSE**—Hold under running water to rinse . . . THAT'S ALL



HARVEY

VAPOR PRESSURE STERILIZER

Nine *new* exclusive features (1) eliminates rust and tarnish (2) will not dull cutting edges (3) sterilizes gauze, contra-angles, rubber goods (4) prolongs life of all steel instruments (5) faster sterilization . . . instant pressure (6) no water . . . no steam . . . no boiling over . . . no running dry (7) automatic heat control (8) uses one-third current consumed by other types (9) low incidence of post-operative complications.

The Harvey Vapor Pressure Sterilizer is based upon the advanced principle of dry vapor sterilization. By using a specially prepared vaposteril solution a gaseous vapor is created covering every surface, insuring rapid sterilization.

HARVEY'S VAPO-STERIL SOLUTION is a specially compounded alcohol base solution for use in combination with the Harvey Vapor Sterilizer. Its cost in operating the sterilizer is negligible.

Send today for literature.

HARVEY DENTAL SPECIALTY CO.
Los Angeles 3, Calif.

OHIO ETHYL CHLORIDE U.S.P.
—accepted by the American Dental Association Council on Therapeutics. Available in 100-gram hand-fitting bottle and 100-gram metal tube.

OHIO GASES FOR ANALGESIA-ANESTHESIA
The "Ohio" label on dental gases is your assurance of uniform purity and dependability.

"Ohio" gases and dental equipment are available through recognized "Ohio" dental dealers. If your dealer cannot supply you, write us.

THE OHIO CHEMICAL & MFG. CO.
1400 East Washington Avenue
Madison 3, Wisconsin
BRANCH OFFICES IN PRINCIPAL CITIES

That famous book—

Jackson's Orthodontia & Orthopaedia of the Face with Removable Appliances—may be reprinted if a sufficient number are interested. If you are, please register your name with Chester T. Sweet, 152 W. 42d St., New York 18, N. Y.

MILLER'S ELECTRIC HANDPIECE
For Better Prosthetic Dentistry

Save your handpiece for oral work. Get a Miller for laboratory use. Lightweight and portable, it is recommended by thousands of dentists and technicians.

Ask your Dealer for Demonstration

Send for Catalog

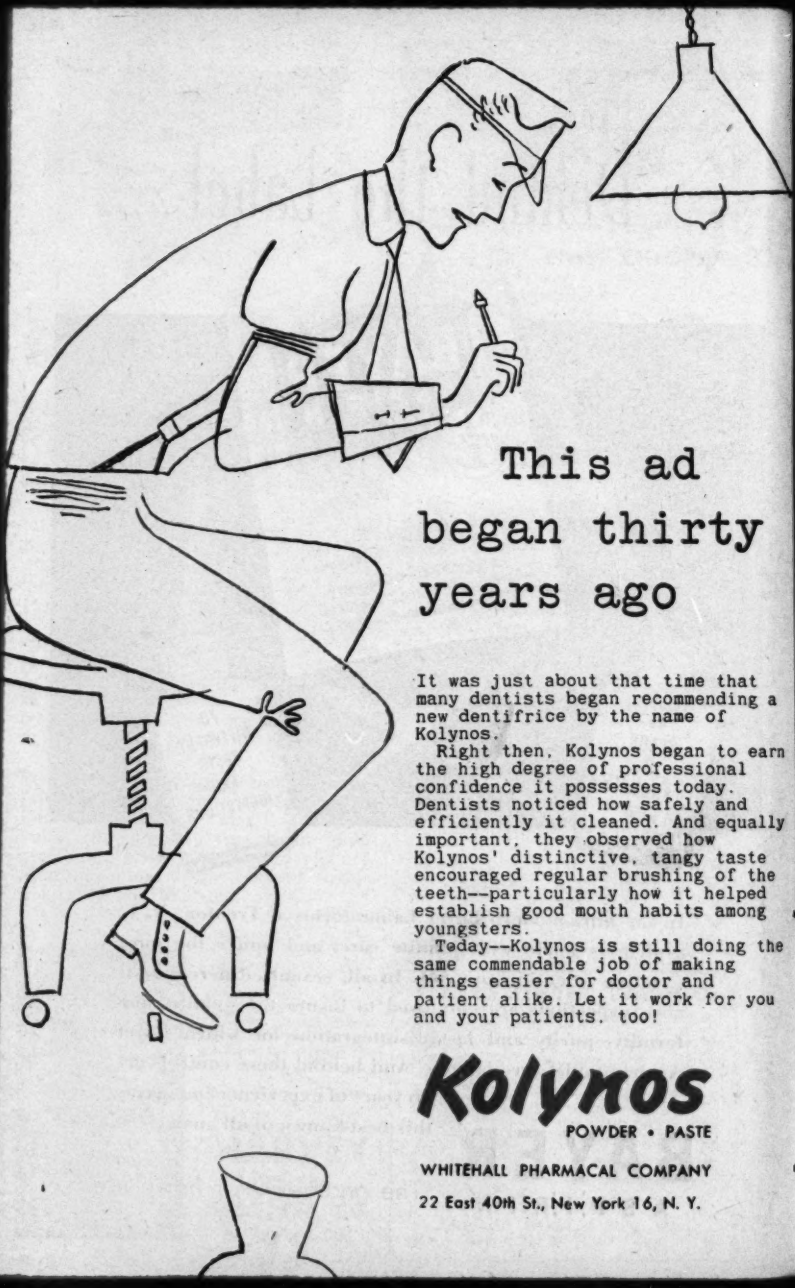
CHICAGO WHEEL & MFG. CO.
1101 W. Monroe St., Dept. OH, Chicago 7, Ill.

Behind the Label...

In the ultra-modern Bayer Laboratories at Trenton, N. J., aspirin is made with infinite care, and under the most exacting scientific controls. In all, seventy different tests and inspections are employed to insure the quality, uniformity, purity and fast disintegration for which Bayer Aspirin tablets are famous. And behind these controls are 46 years of experience in making this best-known of all analgesics.

BAYER
ASPIRIN

The analgesic for home use



This ad began thirty years ago

It was just about that time that many dentists began recommending a new dentifrice by the name of Kolynos.

Right then, Kolynos began to earn the high degree of professional confidence it possesses today. Dentists noticed how safely and efficiently it cleaned. And equally important, they observed how Kolynos' distinctive, tangy taste encouraged regular brushing of the teeth--particularly how it helped establish good mouth habits among youngsters.

Today--Kolynos is still doing the same commendable job of making things easier for doctor and patient alike. Let it work for you and your patients, too!

Kolynos

POWDER • PASTE

WHITEHALL PHARMACAL COMPANY

22 East 40th St., New York 16, N. Y.

HAVE YOU HEARD ABOUT

THE AMAZING NEW CHEWING GUM COUGH DROPS!

Cough-lets chewing qualities also act as an aid to tissue stimulation and oral detergence.

Cough-lets are guaranteed to give longer lasting relief from Buzz-Saw Throat than ordinary cough drops on a double-your-money-back offer.

Test them yourself. Use the coupon below to send for a free regular size package today.

GUM PRODUCTS, INC.
150 ORLEANS STREET
EAST BOSTON 28, MASS.

Gentlemen:

Please send me a free package of Cough-lets Chewing Gum Cough Drops.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____

STERODENT

The Cleanser *Prepared Exclusively for* PROFESSIONAL USE!

Exacting standards required by the dental profession are fully met by the Sterodent Cleanser formula. It is fast, efficient, dependable. Holds brush without spattering or flying.

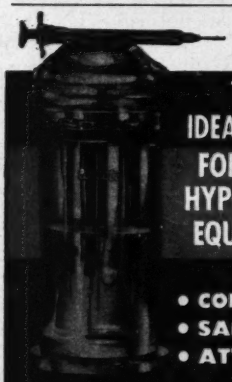
Cleans and polishes in one operation. Saves time for you and your assistant.

ORACLENZ strips teeth of mucine with a pleasant, quick mouth rinse, prior to the application of Sterodent Cleanser.

USE IT WITH ORACLENZ Coagulent Mouth Rinse

Order Today from Your Dealer

STERILE PRODUCTS CO.
SAN DIEGO 1, CALIFORNIA



THE IDEAL HOME FOR YOUR HYPODERMIC EQUIPMENT

- CONVENIENT
- SAFE
- ATTRACTIVE

Waite's Syringe Jar houses 4 syringes with needles affixed. Also has perforated test tube for extra needles and adaptors. Appearance is asset to any office.

Order One Today

Remember

---

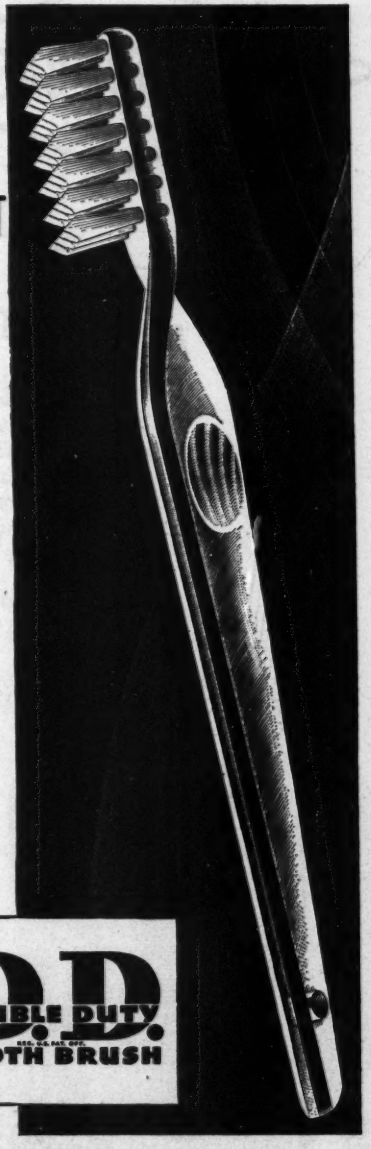
it's the little things that count

In making inlays, too, little things make a big difference. That's why more and more dentists are learning to depend on Inlays Inc., the laboratory that specializes in inlays, for that extra know-how that assures better work.

Inlays Inc.

Rapid air-mail service throughout the U.S.A.

An "assist" with a TWIST



Are your patients inclined to be lazy—not about brushing their teeth, but about oral hygiene in its larger sense?

Maybe the D-D Tooth Brush will provide the "assist" needed.

Designed with the aid of 1000 dentists, the D-D Tooth Brush is a scientific tooth brushing instrument with a *plus*—a twist in the handle which automatically favors the desired rotary motion for gentle gum massage.

To encourage proper oral hygiene—thorough cleansing plus gentle gum massage—recommend the

D.D.
DOUBLE DUTY
REG. U.S. PAT. OFF.
TOOTH BRUSH

PRODUCT OF
BRISTOL-MYERS
19 WEST 50 STREET,
NEW YORK 20, N. Y.

LASTIC, RESINOUS REBASE MATERIAL

N OF ALL TYPES OF ACRYLIC DENTURES

AT THE CHAIR"

he ILL-FITTING Denture!

- **CUSHION-BASE,** when used as a rebase permits reseating of the denture at the chair and assures close adaptation to oral mucosa because of its elasticity. It permits withdrawal over prominences and will overcome irritation to mucosa or "hard" areas.
- **CUSHION-BASE** will remain permanently elastic. It is applied in a "loose" mix and allowed to "set-up" under occlusion.
- **CUSHION-BASE** is easy and simple to use. A detailed technique folder will be furnished on request.
- **ATTRACTIVELY PACKAGED:** Cushion-Base is furnished with two measuring graduates. 18 unit package—$5.75.

Ask your dealer for CUSHION-BASE today!

•

Cushion-Base is a product of

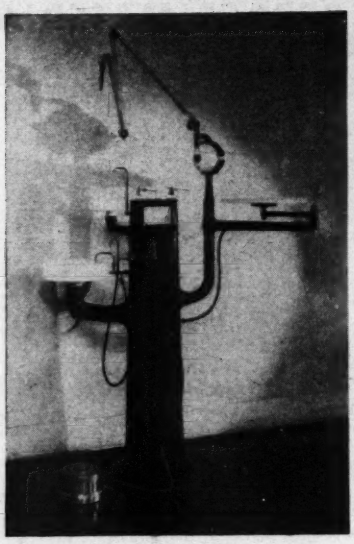
BELL DENTAL PRODUCTS CO., INC.

Mfrs. of

TRI-TEX · B-B ACRYLIC · MUCOSTAT

L DENTAL PRODUCTS COMPANY

EST 57TH STREET · NEW YORK 19, N. Y.



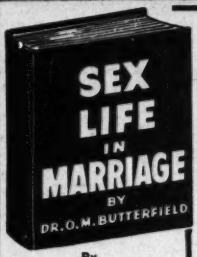
No. 2 UNIT

We are now in the position to ship our #2 Units promptly. The #2 Unit has been manufactured and sold for a number of years. Hundreds are in use in the United States and a number of Foreign Countries.

This Unit is a very practical piece of equipment—One that you will use every day in your office. Write us for complete details.

Price—$325.00.

Central Dental Mfg. Co., Inc.
Box 686, 640 So. Third Street
LOUISVILLE 2, KENTUCKY



By
OLIVER M. BUTTERFIELD, Ph. D.

"Sound, simple, practical, definite and detailed information about sexual relations in marriage.
"Excellent, factual, clear, concise and accurate."

The author, whose article on Marriage in Reader's Digest drew an overwhelming response from men and women in every walk of life, here presents sound, simple, practical, definite, and detailed information about sexual relations in marriage.

"Best Manual to give." —Ohio State Medical Journal

Part of Contents

The Sexual Impulse
The Organs of Sex
Pre-marital Physical Examination
Advice to Honeymooners
The First Sex Act
Frequency of Intercourse
Positions in Sex Intercourse (with recommendations)
Technique of the Sex Act
Impotence and Frigidity
Sexual Maladjustments
Premature Orgasm
Sexual Handicaps
Sex Fore-play and After-play
Sex Stimulation
Masturbation

SEX CHARTS

Male and female sex anatomy explained with complete set of excellent illustrations.

Price $2, incl. postage. 5-day Money-back Guarantee.

EMERSON BOOKS, INC.
Dept. 74-D, 251 W. 19th St., New York 11

BUY YOUR X-RAY for DURABILITY

You don't buy a dental x-ray for a month or a year. The unit selected should give perfect service as long as you wish to use it. FISCHER dental x-ray apparatus has become famous the world around because in addition to other features it has this superb quality—durability.

Ask for the facts. Simply say, Send folder No. 3082.

H. G. FISCHER & CO.
2323-2345 Wabansia Avenue
CHICAGO 47, ILLINOIS

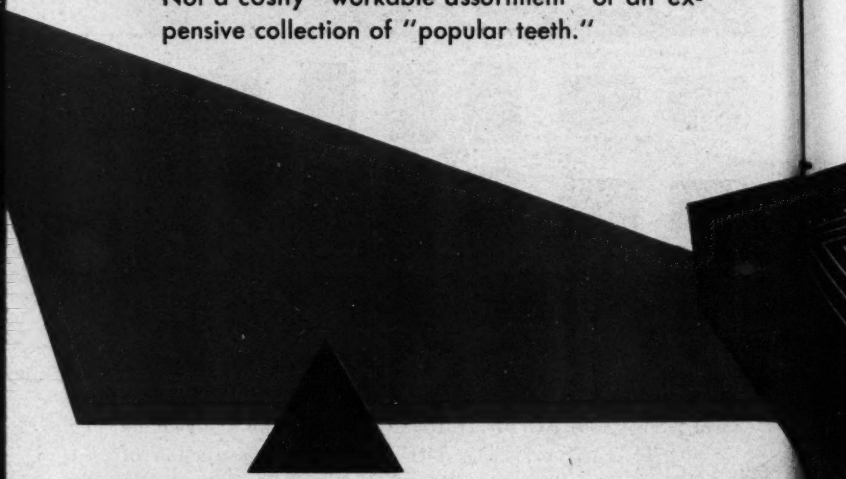
Get a Free BS Polisher without obligation

In order to introduce you to the *efficiency, smoothness, coolness* and *comfort* of this soft, flexible rubber polisher, we will send you one absolutely free—without obligation. Use the coupon below.

Young Dental Mfg. Co., St. Louis 8, Mo.
Gentlemen:
Without any obligation send us one of your B S POLISHERS — ABSOLUTELY FREE.
NAME .....
ADDRESS .....
CITY .....STATE .....

THE NEW HUE MOULD

A real Mould Guide—*the only real Mould Guide.* Not a costly "workable assortment" or an expensive collection of "popular teeth."



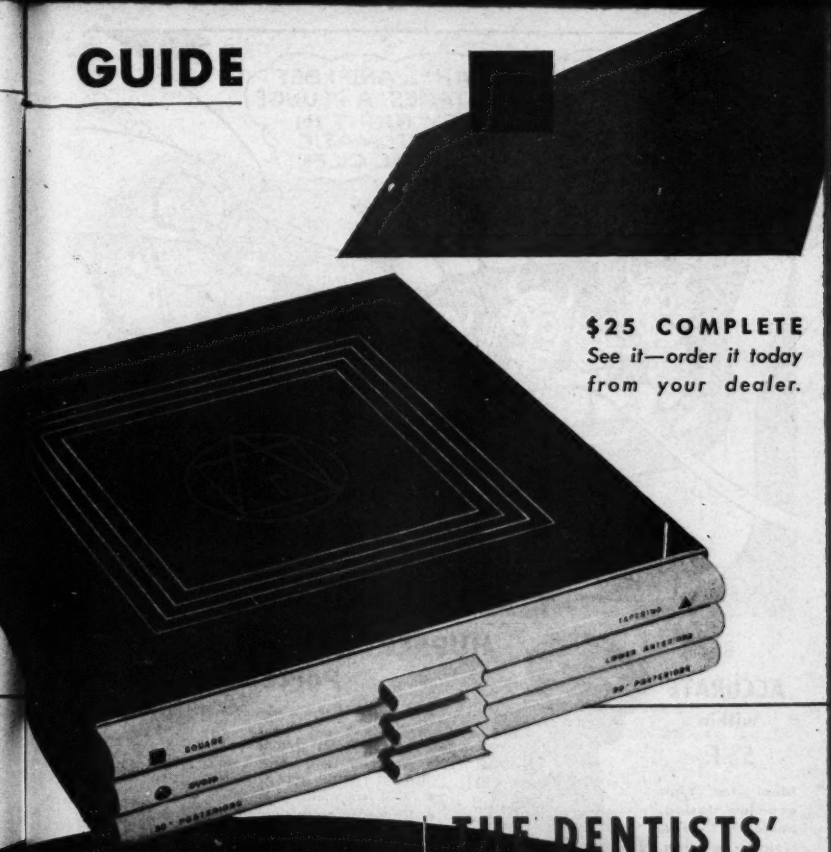
IMPRESSIVE—An attractive, effective aid in professional denture service and patient education.

PRACTICAL—Greatly simplifies selection of teeth. Contains every form and size of Trubyte New Hue Anteriors and all sizes of 20° and 30° Posteriors: 1084 teeth.

INEXPENSIVE—Priced at a fraction of the cost of manufacture to guarantee its use by every dentist.

YOU DON'T HAVE TO PRACTICE WITHOUT A MOULD GUIDE

GUIDE



$25 COMPLETE
See it—order it today from your dealer.

THE DENTISTS' SUPPLY CO. OF NEW YORK

220 WEST 42nd STREET
NEW YORK 18, NEW YORK

YOU DON'T HAVE TO PRACTICE WITHOUT A MOULD GUIDE

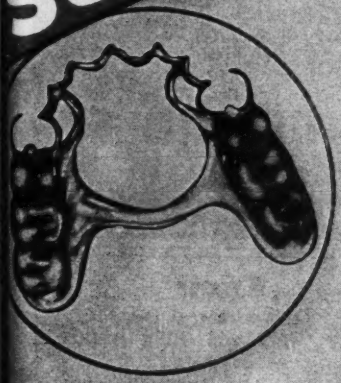
. . . but can you make him wear it?

No longer need it be an ordeal for both patient and dentist to effect immediate and full employment of a new denture. During this critical adjustment period, you can provide prompt and prolonged relief from postoperative pain and gum irritation by using Butyn Metaphen Dental Ointments. Your patient can wear his denture from the very start. Because the ointment contains Butyn 4%, just a thin layer applied to the denture at the points of contact produces sufficient anesthesia to keep the tissue free from pain for several hours. Metaphen 1:1500 provides the necessary bacteriostatic properties. • Butyn Metaphen Dental Ointment is neither irritating to the tissue nor unpleasant to the taste. It is useful for the relief of pain due to extraction, for the treatment of "dry sockets" and pyorrhea pockets, as well as an anodyne dressing following scaling. Standardize on Abbott's Butyn Metaphen Dental Ointment—available in economical 1-ounce tubes with special applicator nozzles for office use, and in ¼-ounce tubes for the patient's use at home.

ABBOTT LABORATORIES, North Chicago, Illinois.

BUTYN® METAPHEN® dental ointment

ORALIUM AND SUPER ORALIUM



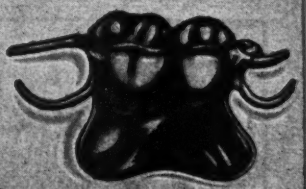
You will be proud to have any practitioner see your work when you have used ORALIUM, the original high *palladium* content casting *gold*, which has steadily increased in popularity over the past nine years.

SUPER ORALIUM, our latest development containing double the *gold* content, is fast becoming the favorite with those dentists who were skeptical of all economy alloys.

When casting inlays, bridges or partials, be sure to use plenty of excess metal to get real dense castings.

These alloys have enormous strength and perfect resiliency when in a semi-tempered condition. Throw the flask in water as soon as the metal has solidified.

Both alloys will stay bright and clean in the mouth if polished to a smooth bright lustre, are neutral in color, low in cost. Two pennyweights of ORALIUM are equivalent in volume to three pennyweights of yellow gold.



BAKER & CO., INC.

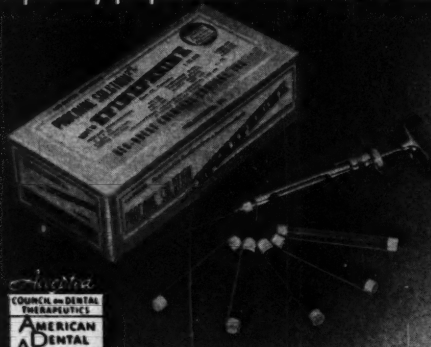
113 Astor St., Newark, 5, N. J.

Church St.
York, 7

55 E. Washington St.
Chicago, 2

760 Market
San Francisco

especially prepared for use in *Dental Surgery.*



COUNCIL on DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION

NEO-QUEST Local Anesthetics are Sterile solutions, Vacuum filled in extra strong and annealed Glass CARTRIDGES. The choice of many dentists, NEO-QUEST Local Anesthetics provide uniform anesthetic effectiveness, low toxicity and a minimum of post-operative complications.

Order from your local supply house, or write direct giving dealer's name.

TWO BALANCED FORMULAE FOR EVERY OPERATIVE PROCEDURE

A. Procaine 2% with Epinephrine—1:50,000
B. Procaine 2% with Epinephrine—1:25,000
Samples on Request

NEO-QUEST
(BRAND)

NEO-QUEST CHEMICAL COMPANY, INC. 542 NORTH 4th STREET PHILADELPHIA 23, PA

Fowler's Compound
for the treatment of
PROCAINE DERMATITIS

Athletes Foot and other externally caused conditions.

1¼ oz. jar $1.00. 4½ oz. $3.00

Krinis
for the care of the
SCALP, HAIR and YOUR HANDS

contains Olive Oil, Lanolin and other proven constituents.

2 oz. bottle 60¢. 4 oz. $1.00

YOUR DRUGGIST
can be supplied through McKesson & Robbins and other wholesalers all over America. Or write direct. No C.O.D.'s.

FOWLER, D.M.D., 843 Preuss St., Los Angeles 35, Calif.

USE

LAVORIS

The Aristocrat of Mouth Washes

Mouth care is a habit — mouth health the result

THERE IS NO TRADE-IN VALUE ON A USED PAIR OF EYES...

SAVE YOUR EYES

...WITH A PANOVISION LIGHT

THE Castle PANOVISION Light gives a new quality of illumination that helps the dentist see better and easier. Its R.A.R. Reflector (combining reflection, absorption and refraction in a single unit) reduces glare from highlights by 30 to 40 percent, yet creates increased brightness from matte surfaces. It leaves the dentist less tired at the end of a busy day.

The PANOVISION also has 5-way *adjustability.* It is the only light that moves both above and below the horizontal position . . . to allow complete illumination of the mouth for any position of the chair. Lamphead has large handle on both sides for easy adjustment by dentist or nurse.

For full details of the most efficient dental light ever built, see your Castle dealer or write: Wilmot Castle Co., 1122 University Ave., Rochester 7, N. Y.

Castle LIGHTS and STERILIZERS

MORE AND MORE DENTISTS

recommend

DENTLOCK

DENTURE POWDER

More and more dentists are recommending Dentlock to their patients. They have learned that this carefully compounded denture adhesive holds plates firmly, yet comfortably, that it effectively cushions and soothes sensitive gum ridges. When your patients ask what to use, you can safely answer, "Dentlock."

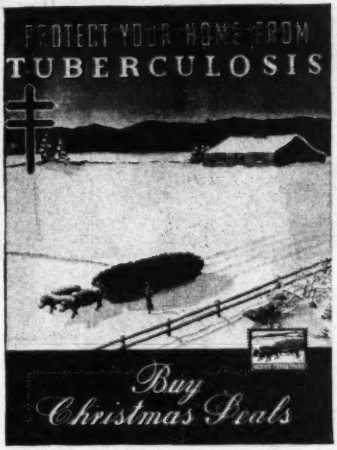
DENTGLO

BRUSHLESS CLEANSER

And you'll be just as helpful to your patients in recommending Dentglo as a safe, practical method of keeping dentures clean—by immersion. Non-abrasive, no danger of spoiling fit or alignment through too vigorous brushing. Keeps plates sparkling clean, free from odor.

Confidently

FORT ORANGE CHEMICAL CO., ALBANY 5, N. Y.



MARCH OF DIMES

FIGHT
INFANTILE
PARALYSIS

JANUARY 15-30

"D" FORMULAS

for the PREVENTION and TREATMENT of ORAL INFECTION

Entirely different

An Ammoniated Silver Nitrate Solution that WILL NOT DISCOLOR

The therapeutic advantages of Ammoniated Silver Nitrate solution are well known and long established in the treatment of oral infection, hypersensitive teeth, arresting and preventing caries, etc.

"D-5" ammoniated silver nitrate and "D-6" reducing agent provides you with all these advantages, but avoids the disadvantage of discoloration.

It is harmless to soft or hard tissue and technic is simple and time saving.

Put "D-5 & D-6" on your list of medicaments today.

Order from your dealer and write us for complete descriptive information on all "D-Formulas."

PERIODONTAL SPECIALTIES CO.
207 Lexington Ave., San Antonio 2, Texas

World-Wide Preference

● The great majority of dentists throughout the world use Kerr Compound. To them, it is "a must" in the practice of dentistry. It has been that way for 50 years!

Only the finest product can secure such universal acclaim—such world-wide preference.

What's YOUR Technique? Select from these five!

1 **KERR RED** for *PERFECT BALANCE*
(general purpose)

2 **KERR GREY** for *EASIEST FLOW*
(Mucostatic)

3 **KERR GREEN** for *LOWEST HEAT*
(muscle trimming)

4 **KERR WHITE** for *FINEST ESTHETIC EFFECT*
(Orthodontia)

5 **KERR BLACK** for *QUICK HANDLING*
(a tray compound)

KERR *Impression Compounds*

KERR MANUFACTURING CO.

Uniform Quality

. . . ready-to-wear and . . . tailored-to-measure

STYLE 01SX

$5.50 ea. Simpson's Queen Anne Sanforized Poplin, 3 for $15.80

$4.25 ea. Indian Head Suiting, Sanforized Shrunk 3 for $12.10

Illustrated here is one of the many Ready-to-Wear styles designed for good appearance, comfort, action; in two nationally advertised quality materials; Scovill rust- and laundry-proof Gripper fasteners.

For details of other styles of this line, send for Catalog OD-1.

Quality in workmanship and materials give the wearers of Pa-Kay uniforms a well-groomed professional appearance.

Pa-Kay uniforms

One of the Ready-to-Wear models which combines crisp, neat appearance with comfort and free movement.

Made of Simpson's white combed poplin or of white Koda Doagonal (Rayon).

STYLE 208

$6.95 ea.

Sizes 10-42

For illustrations of our entire Ready-to-Wear Nurses' Uniform line and samples, send for Catalog ON.

• • •

TAILORED-TO-MEASURE, (men's styles only): A wide selection of finely tailored styles in quality materials (broadcloth, gabardine, poplin, rayon, etc.); choice of sleeve and garment lengths, collar sizes, fasteners. For details and samples send for Catalog OD-2.

MANHATTAN UNIFORM COMPANY
FORMERLY MANHATTAN MFG. CO.
509 South Wabash Avenue • Chicago 5

Dental Patients on Parade

True, there is more dentistry to be done than there are operating hours available to take care of it. But dentistry is again being embraced within the sphere of business competition—competition for the public dollar. Automobiles, radios, home appliances, clothing, and many other products are again reaching the market in increasingly larger volume.

To compete with the intense sales promotion of these products, dentistry must be made as inviting as possible. People have a normal resistance to being hurt. McKesson pain control builds practice volume because it eliminates dentistry's greatest barrier—*operative pain.*

Let us tell you what McKesson equipment is doing for other dentists and can do for you.

NARGRAF EUTHESOR

THE McKESSON APPLIANCE CO. TOLEDO O. U.S.A. McKESSON

EASOR

Dr. Spencer

The object of his wrath—an anterior bridge just completed by his technician. The patient was much concerned with the esthetic aspect of her restoration . . . So Dr. Spencer had specified Steele's Porcelain Biting Edge facings. And here was the finished bridge—constructed with FLATBACK facings.

Telephone conversation went something like this . . .

DOCTOR: On this bridge for Mrs. Elder I specified P.B.E. facings. You've used Flatbacks. Don't I have any choice in the matter? Or can't you handle porcelain biting edges?

Steele's P.B.E. (PORCELAIN BITING EDGE) FACINGS

r was ANGRY!

TECHNICIAN: Yes, Dr. Spencer, but . . . well, we didn't want to risk any dissatisfaction on the score of serviceability. And the Flatback in New Hue porcelain is a beautifully natural facing . . .

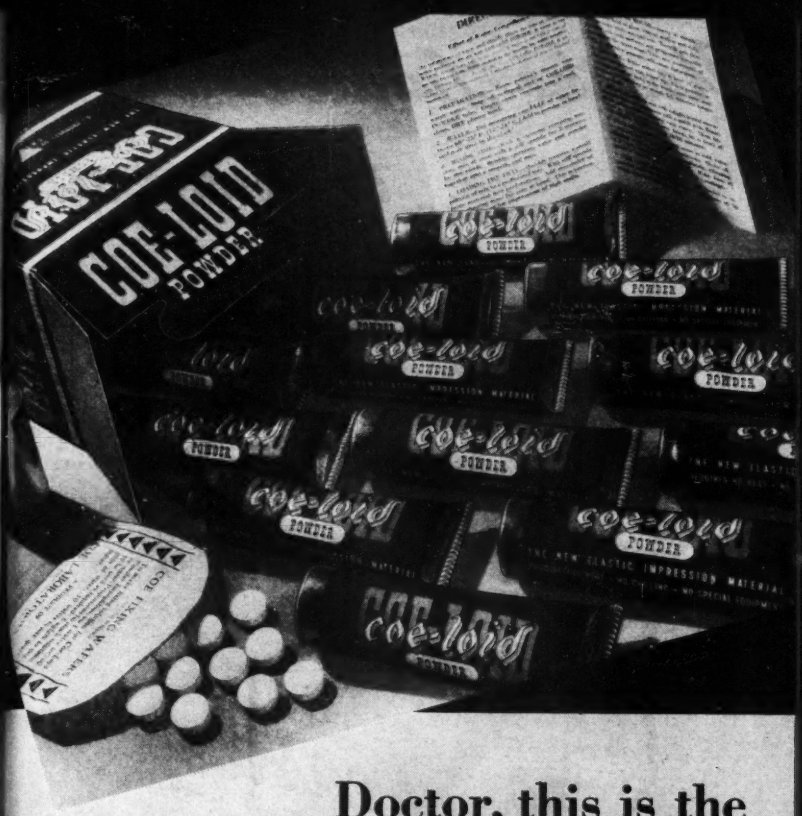
DOCTOR: Sure—sure, the New Hue Flatback is a beautiful facing . . . But so is the P.B.E. And in some cases, it seems to me, translucent porcelain incisals are definitely desirable. What I want to know is do I or don't I have a choice in the matter?

YOU DO HAVE A CHOICE, DOCTOR . . .

But consider the Technician's position: It has become more or less common practice to construct bridges from partial impressions and "snap" bites. The Technician knows that sound dental procedure is essential when P.B.E. facings are used—whereas the Flatback facing, well protected with metal, will always "get by". So his *tendency* is to use Flatbacks routinely.

Always give your Technician impressions that will enable him to accurately articulate *full mouth models* when you specify P.B.E. facings. Then he can fabricate beautifully natural P.B.E. bridges without any *fear* on the score of serviceability. You should of course, always *be sure* the bite is balanced before dismissing the patient.

THE COLUMBUS DENTAL MANUFACTURING COMPANY
COLUMBUS 6, OHIO

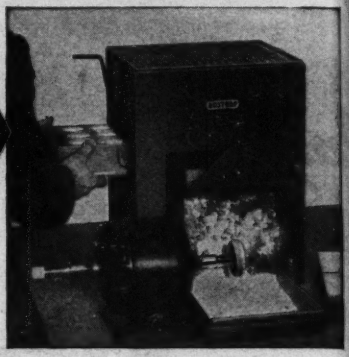


Doctor, this is the reliable alginate material for partials and for full denture static impressions . . . Order a box from your dealer. Insist on COE-LOID POWDER . . .

A PRODUCT OF COE LABORATORIES, INC.
CHICAGO 21, ILLINOIS

New DUST CONTROL

Designed Specifically for YOU



COMPACT! QUIET!
LOW COST! EFFECTIVE!
PORTABLE!
for Your own Laboratory

Your own personal DUSTKOP dust collector will keep your laboratory free of dangerous dust, protect your health, recover precious metals, and keep your assistants happier.

You do have space for a DUSTKOP.
You cannot afford to be without a DUSTKOP.

Ask for free 16 page folder now. It shows the most complete line of Dust Collectors — some *include* the bench.

Model 330 to place on a bench or table, has big dust storage space; seldom requires emptying; shaker crank; two trays; light under hood. It is completely fire safe. Precious metals easily recovered.

AGET-DETROIT COMPANY, ANN ARBOR, MICH.
217 MAIN AT WASHINGTON

WHY NOT?

The All time Standard

FLOSSY AMALGAMATOR

— Only Accurate Way —

25 year record. Has all modern improvements: Automatic timing—Leak-proof—Split-Condense capsule. Straight line impact (not a silly wiggle, pestles or balls). Beautiful and silent. Machine is guaranteed.

COMPLETE with all accessories **$57.00**

AC only (DC—$6.00 extra) includes sample supply of NEW PLASTIC GOLD and VAX. Convincing Literature on Request.

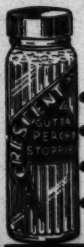
FLOSSY
DENTAL FLOSS GUIDE

Used with a safe bite. Lasts a lifetime. 50¢ to $5.00. Refills 25¢. Xmas package assortment for dollar bill.

FLOSSY DENTAL CORP.
228 So. Wabash Ave. Chicago 4, Ill.

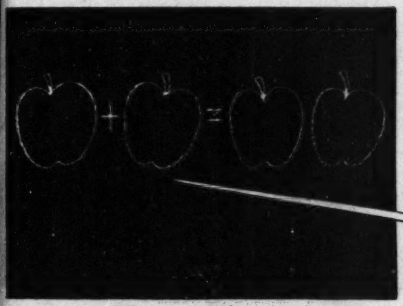
A Fine Stopping

Crescent Stopping



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

Crescent DENTAL MFG. CO.
1834 S. Pulaski Rd. Chicago 23, Ill.



SIMPLE, isn't it?

And it's just as simple to maintain complete, accurate records of your calls, receipts and expenses with the "Histacount" system. A few minutes a day is all it takes . . . bookkeeping drudgery is eliminated, doubts and guesses removed, tax overpayments avoided. For $6.75 you receive a loose-leaf or plastic-bound book of 365 daily record pages, 12 monthly and one annual summary sheets, social security and other tax forms, and complete instructions . . . refills for the loose-leaf system cost only $3.35 a year. So simple, so easy and dependable, once you use the "Histacount" record system you'll consider no other.

Let us send "Histacount" for your inspection . . . if you return it within 20 days in good condition the purchase price will be refunded immediately.

MORE THAN 50,000 DOCTORS USE

HISTACOUNT

DOCTORS' OFFICE RECORDS

MAIL COUPON FOR 20 DAY FREE TRIAL OR FULL DETAILS

IT OPENS FLAT

IT LIES FLAT

PROFESSIONAL PRINTING CO., INC. O.H. 12
15 East 22nd St., New York 10, N. Y.

Send me, on 20 day approval, your simplified "Histacount" record system in ☐ Loose-leaf form ☐ Plastic-bound form.

Enclosed is my ☐ check, ☐ money order for $6.75, or ☐ send C.O.D. It is understood that if I return the "Histacount" within 20 days you will refund the $6.75 at once.

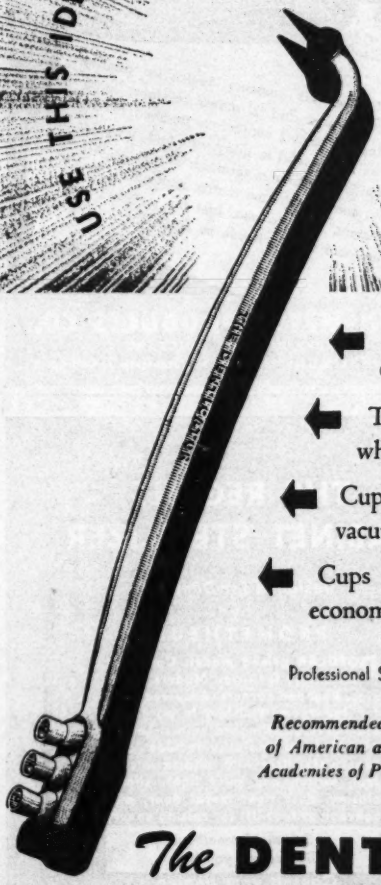
☐ Send full details on "Histacount"

Dr. .....
Street .....
City..... State.....

"Histacount" IS ALSO AVAILABLE AT YOUR DENTAL SUPPLY HOUSE.


D P
Products for Progressive Dentistry

USE THIS IDEAL FOLLOW-THROUGH ON GUM TREATMENTS



- Augments your chair treatments in Gingivitis, Pyorrhea, Trench Mouth.
- Tip for stimulation between teeth where most disease and decay starts.
- Cups for controlled medication and for vacuumatic massage.
- Cups and tips replaceable quickly and economically; in sanitary capsules.

Professional Sample FREE upon request

Recommended by members of American and California Academies of Periodontology.

PATENTED RI construction. Onl Denticator has thi unique bracing

The DENTICATOR *Gum Massager*

1.00 at druggists or dental dealers

THE DENTICATOR CO., 1055 MISSION ST. SAN FRANCISCO 1, CALIF.

• • • *Prophylactic Dental Specialties*

This is rota-seat... the operating seat that lets you work *sitting down*

You take most of the hard work out of dentistry, may add years to your professional life, when you operate sitting down. With Rota-Seat there's no more standing for long hours, burning feet, aching legs and back . . . less twisting and bending that can lead to serious trouble.

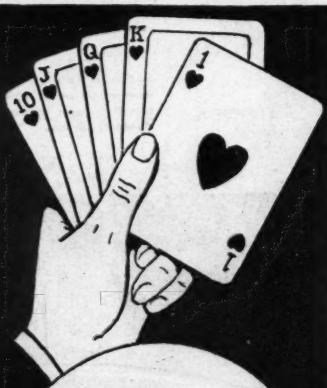
You select the working distance and height you prefer. Then, sitting on Rota-Seat's deep Seafoam rubber cushion, you move effortlessly forward and back beside the patient's chair on silent, roller-bearing rubber wheels.

Your hands are free at all times. Rota-Seat can't push away because it's pivoted on a thin metal anchor plate under the patient's chair. No more fumbling for the foot switch . . . a special metal housing pulls it along as you move on Rota-Seat.

No equipment change or additional space is required. Installation takes only the few seconds needed to tip the patient's chair forward, slide Rota-Seat's anchor flange underneath.

rota-seat INC.

4606 West 21st Street, Cicero 50, Illinois



THE
HIGHEST
PRACTICAL SILVER
CONTENT ALLOY
AVAILABLE TO
DENTISTS

74½% PURE SILVER

CRESCENT DENTAL
MANUFACTURING CO.
1839 So. Pulaski Road
Chicago 23, Illinois

NEW

A Revolutionary Step in Modern Dentistry

A NEW SHELL that MELTS with the WAX

Save half the time! Positive gingival fit guaranteed! Sprue and invest without removing the shell. Metal melts off with wax. Box of 96 Forms (8 each of 12)—$13.50.

See them Demonstrated at Booth 1 Balcony, Greater New York Dental Meeting.

- No copper band or matrix holder required.
- No irritating grinding at the chair.
- No distortion or breakage of pattern thru handling.
- No amalgam model or wax facsimile required.
- No more trial and error methods in final fit.
- No laboratory contingencies.
- Used for full crowns, three-quarter crowns and veneers.

ORDER A BOX TODAY

QUICAST CROWN, INC.
257 Livingston Street
BROOKLYN 17, N. Y.

ENLIGHTENING FACTS!

- "As to my impression of STIM-U-DENTS—they have been a godsend in my practice.
- "The principles involved and the pleasure all of my patients derive and express from their use are a source of great joy to me.
- "I have yet to see a case of gum hyperaemia, even with attendant hemorrhage, in my practice, that the daily use of STIM-U-DENTS in conjunction with office treatment, has not brought a normal healthy condition within ten days. The compressible and adaptable features of the wood when moistened by the saliva to desired saturation before using, present the ideal combination in both therapy and hygiene of the mouth, namely, cleanliness of the areas forming the interdental space and removing the media from a natural germ harbor, together with the stimulation that rids the gums of passive venous blood.
- "In conclusion I cannot help writing of the immaculate condition of the cervical borders of fillings in mouths under the daily influence of STIM-U-DENTS.
- "To me they are the greatest prophylactic or preventive instruments in mouth hygiene yet devised for the use of the patient at home."—Albert L. LeGro, D.D.S., F.A.C.D.
- Don't overlook STIM-U-DENTS! ASK FOR SAMPLES today, the results are most convincing; or, better still, mail coupon and obtain our Professional Courtesy Package containing 100 Special Packets for only $1.00 postpaid.

Keep Your Patients Thinking of You.

STIM-U-DENTS

Stim-U-Dents also make excellent wedges in inlays and other procedures.

PROFESSIONAL COURTESY PACKAGE (This offer confined to members of the profession only.)

STIM-U-DENTS, INC.
54 Alfred St., Detroit 1, Mich.

Enclosed find $1.00. Send me Professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

☐ 500 SPECIAL PACKETS (LIKE CUT) $4.00 POSTPAID.

☐ 25c RETAIL PACKAGE $2.25 PER DOZEN POSTPAID.

DR._____
PLEASE PRINT

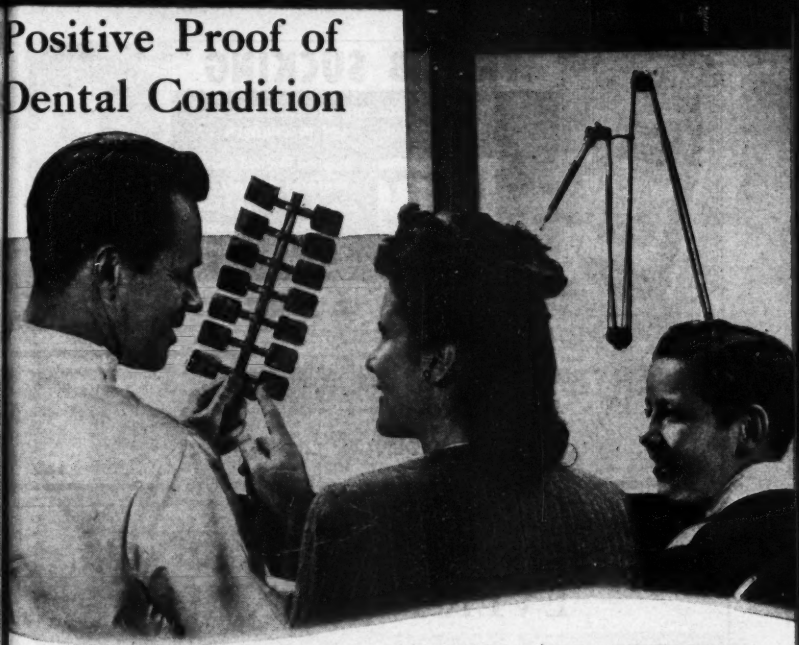
STREET AND NO._____

CITY_____STATE_____

DRUGGIST'S NAME_____

ADDRESS_____

Positive Proof of Dental Condition



ONSISTENTLY good radiographs are assured with Du Pont Dental X-ray afety Film. The exclusive "Pull-A-Tab" feature makes identity of the tongue de easy . . . and the rounded corners assure greater comfort for your patients.

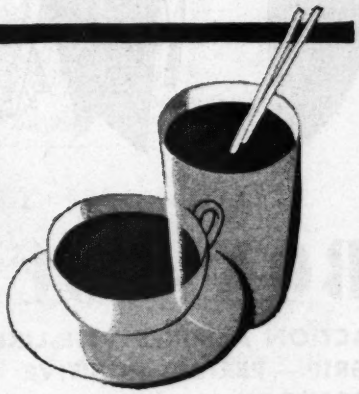
Other Advantages:

- Extra speed
- High contrast
- Sharp detail
- Wide exposure latitude
- Uniformity
- Blue safety base
- Positive dot identification
- Easy to position . . . holds shape
- Saliva-proof envelope

ry this fine film. It comes single r double coated in packages of 4 or 144. Available through approved dental supply dealers. older on request. E. I. du Pont e Nemours & Co. (Inc.), Photo roducts Department, Wilmington 98, Delaware.

DU PONT
Dental X-Ray Film
DU PONT
BETTER THINGS FOR BETTER LIVING
...THROUGH CHEMISTRY

Listen to "CAVALCADE OF AMERICA"—Monday evenings—NBC



good taste in vitamins

Each serving (2 heaping teaspoonfuls) contains approximately:

Vitamin A	2000 U.S.P. units
Vitamin B_1 (Thiamine hydrochloride)	2 mg
Vitamin B_2 (Riboflavin)	1 mg
Vitamin C (Ascorbic acid)	75 mg
Vitamin D (Activated ergosterol)	500 U.S.P. units
Niacinamide	5 mg

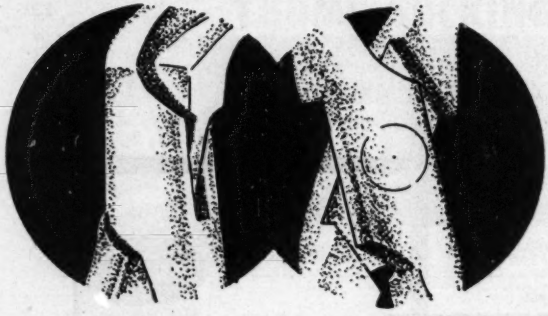
Cal-C-Tose is never advertised to the laity.

Cal-C-Tose,* mixed with hot or cold milk, makes a refreshing, nutritious beverage which tempts even jaded appetites. This tasty chocolate drink supplies liberal amounts of vitamins A, B_1, B_2, C, D, and niacinamide, as well as calcium, phosphorus, iron, and other nutrients. Patients actually enjoy vitamins in the form of Cal-C-Tose.

Hoffmann-La Roche, Inc. • Nutley 10, N. J.

CAL-C-TOSE 'ROCHE'

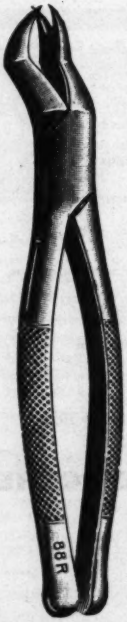
*Reg. U. S. Pat. Off.



Box-Lock Lap Joint

BOX-LOCK

ACTION ASSURES VISE-LIKE GRIP — PERFECT POSITIVE CONTROL AND BALANCE . . .



The advantages of Pfingst Box-Lock construction are markedly obvious when compared to ordinary lap-joint design. There's no room for "play" in the "Box-Lock" — the vise-like grip is far stronger, perfectly controlled and balanced!

Be sure to ask for

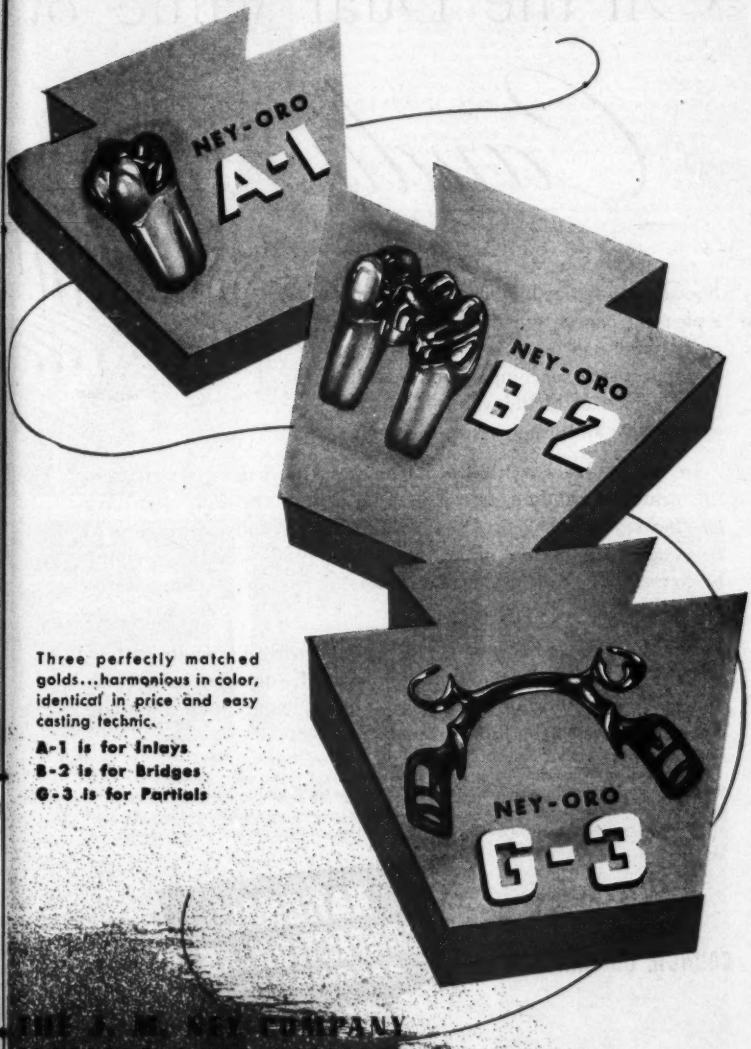
PFINGST BOX-LOCK FORCEPS

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

PFINGST & COMPANY, INC.
62 Cooper Square, New York 3, N. Y.

Pfingst Instruments Busch Burs
Odontographic Alloys

the NEY balanced line



Three perfectly matched golds...harmonious in color, identical in price and easy casting technic.

A-1 is for Inlays
B-2 is for Bridges
G-3 is for Partials

THE J. M. NEY COMPANY
HARTFORD 2, CONNECTICUT

On the Dual Value of *Candy*

Socially candy has long been accepted as a pleasant part of our daily lives. From early childhood on, candy is considered an appropriate accompaniment of the festive spirit of birthdays, holidays, anniversaries, and other joyous occasions.

In recent years, with the advancing knowledge of nutrition, the values of candy as a worth-while part of the daily diet have also become recognized. Most of the kinds of candy manufactured today are made of a number of valuable foods which contribute to the extent they are used to the satisfaction of many nutritional needs.*

Whether enjoyed as a delectable tidbit during a friendly gathering—or served at the end of a family meal—or eaten as a quick energy food following strenuous activity, candy has a unique and valid place in the human dietary.

*The candies in the manufacture of which milk, butter, eggs, fruits, nuts or peanuts are used, *to this extent* also (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids; (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron; (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

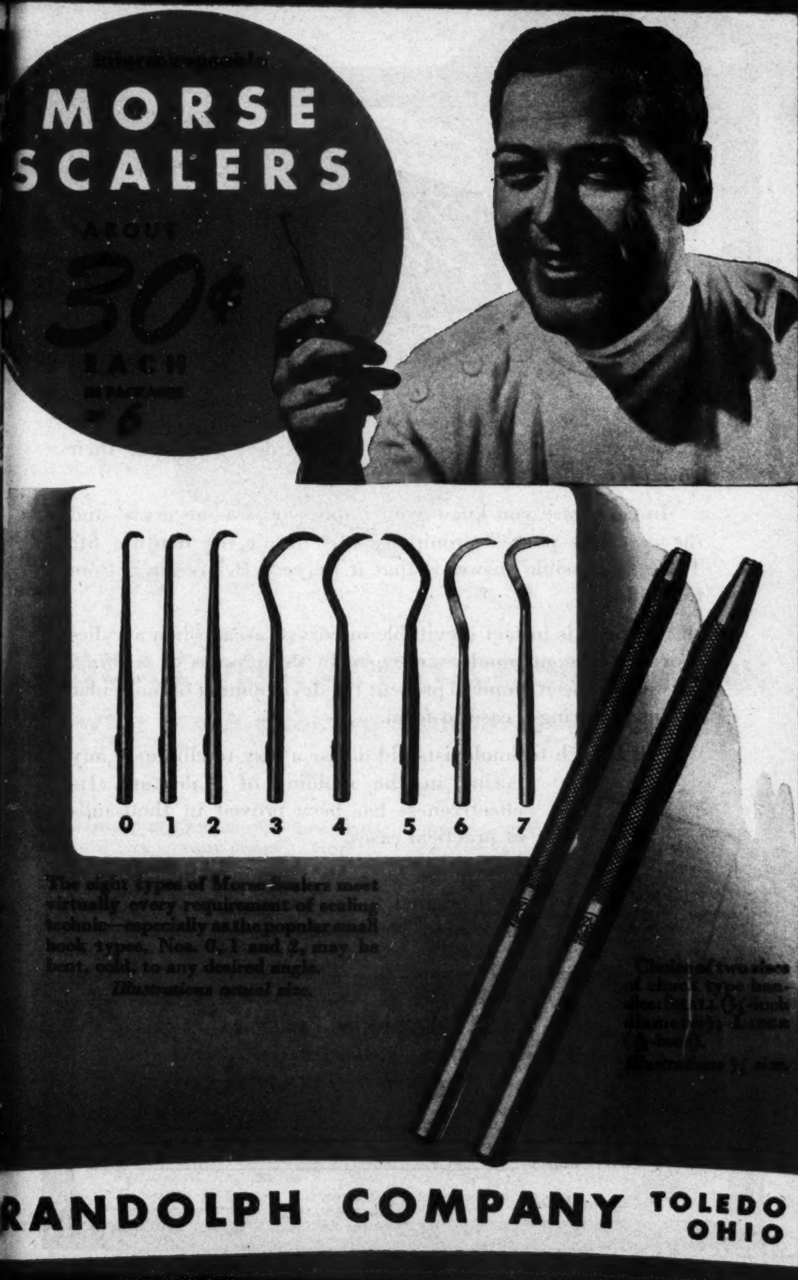
1 NORTH LA SALLE STREET • CHICAGO 2, ILLINOIS

"Handiest Instrument I've ever used."

Next to the operating efficiency of the instruments themselves, Morse Scaler users appreciate the convenience and economy of the interchangeable-point principle. As soon as a point shows signs of wear, a new, sharp scaler can be inserted in the chuck type handle as quickly and easily as replacing a bur in a handpiece. And since it costs only a fraction as much as a good one-piece scaler, it's really cheaper than taking time to resharpen a conventional instrument. What's more, it does away with any inclination to continue using a scaler after it becomes dulled... Acquaint yourself with the manifold advantages of these superior scaling instruments by ordering the low-cost introductory assortment illustrated below.

MORSE SCALER ASSORTMENT NO. 8
Eight scalers (one of each type), and two chuck type handles (either size) . . . **$4.55**

THE RANSOM


MORSE
SCALERS
ABOUT
30¢
EACH
IN PACKAGES
of 6
0
1
2
3
4
5
6
7
The eight types of Morse Scalers meet virtually every requirement of scaling technic—especially as the popular small hook types. Nos. 0, 1 and 2, may be bent, cold, to any desired angle.
Illustrations actual size.
Choice of two sizes
of chuck type han-
dles:
RANDOLPH COMPANY
TOLEDO
OHIO

MYSTIFIED BY THOSE

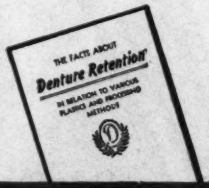
Denture Misfits?

You know—the supposedly "ideal" cases that didn't seat comfortably when inserted—or if they did, soon lost their initial retention.

In each case you knew your impression was accurate, and the cast was poured promptly; why didn't the denture fit? The only possible answer is that it *warped* after removal from the mold.

Warpage is in fact inevitable in curved areas when acrylics —or acrylic compounds—are *cured* in the process of *molding.* No way has been found to prevent the development of molecular strains in curing a case to form.

But Dresch technologists did devise a way to eliminate any curing in the molding of a denture. Its effectiveness has been proved in thousands of practical cases.



All the facts are contained in a booklet we'll be glad to mail at your request. Send for it now; you'll find it makes sense.

The Dresch Laboratories Company
1009 Jackson Street • Toledo 1, Ohio

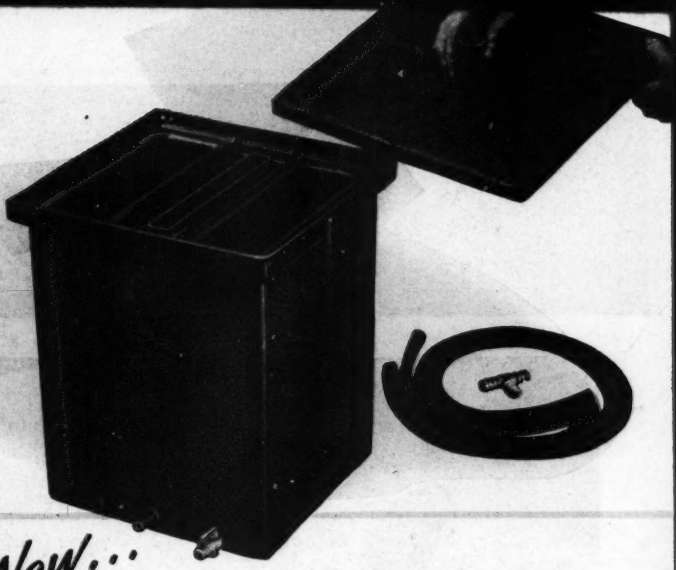
Please mail "THE FACTS ABOUT DENTURE RETENTION..."

Dr. _____

Street Address _____

City and State _____

HD7



New...

KODAK DENTAL PROCESSING TANK

with more positive temperature control

BIG factor in time-temperature processing is temperature control. Now... Kodak presents the answer—a molded rubber processing tank (really 3 tanks in 1) that provides manual control of the developer temperature, independent of the wash-water temperature, without elaborate apparatus.

To maintain correct developer temperature... the water supply is adjusted to 68°F.... then one valve is turned off to hold this temperature. For water temperature over 80°F., crushed ice may be added to the water in the jacket.

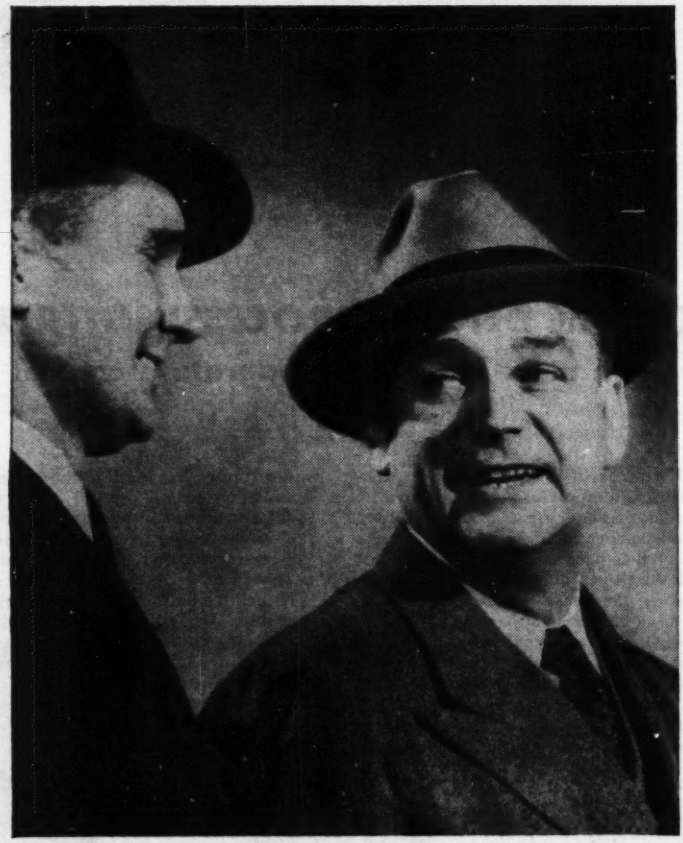
To maintain fixer temperature... the water supply flowing into the washing section circulates around the fixing tank and controls the temperature of the fixer solution. In tropics, or during very warm weather, ice may be added to the water.

Kodak Dental Processing Tank is portable, and is supplied with rubber hose connections. Blueprints, however, are included, showing permanent plumbing design, recommendations, and parts list. See your dental dealer.

Eastman Kodak Company
X-ray Division, Rochester 4, N. Y.

Kodak X-ray Products for Dentists: *Films... Film Chest, Dispenser, Receptacle... Intensifying Screens... Exposure Holders... Processing Chemicals... Processing Tanks... Processing Hangers... Timers... Thermometer... Mounts... Illuminator... Film Corner Cutter.*

Kodak



"All ingredients in FASTEETH meet the official United States drug standards for purity and quality."
Gum Karaya N.F VIII, Sodium Borate U.S.P., Oil of Peppermint U.S.P.

FLAVOR IS IMPORTANT

Many patients prefer the mild peppermint flavor of FASTEETH — so mild that FASTEETH is often described as tasteless. Flavor IS important and the oil of peppermint has an analgesic effect — helps to prevent gagging.

Pleasant tasting FASTEETH is different, and your denture patients will notice and appreciate that difference.

FASTEETH

CLARK-CLEVELAND, INC. OH-12

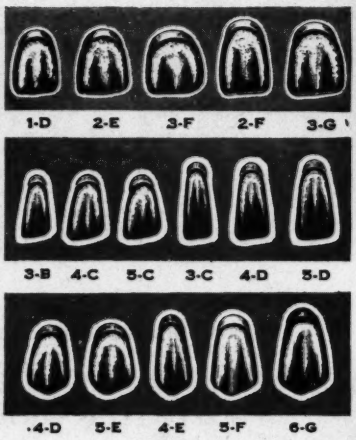
Binghamton, N. Y.

Gentlemen: Please Send Professional Samples of Fasteeth.

DR. _____

_____

Prices: B, $1.50; C, $1.85; D, $2.25. Available in upper and lower, 22K gold.



MASEL'S

Gold Teeth for Dentures

Send today for complete literature.
Most dealers have *Masel* products.

Prices: B, $1.50; C, $1.60; D, $1.70; E, $1.80; F, $1.90; G, $2.00. Coin color, 15¢ additional per tooth.

ISAAC MASEL COMPANY

1108 Spruce Street, Philadelphia 7, Pa.

---

conthermo

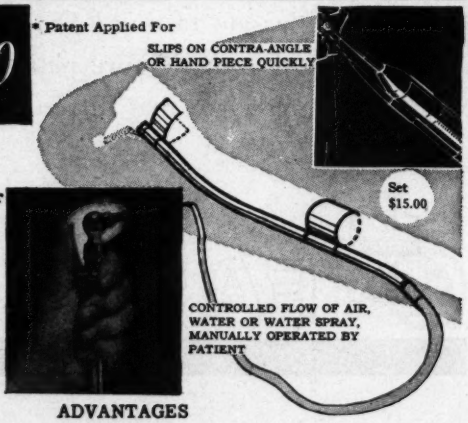
CAVITY CONDITIONER

* Patent Applied For

The Simplest and Most Economical Method of Thermal-Control for Tooth Preparation

1. Gives better view of operative field.
2. Saves at least 56% of time of operator.
3. Avoids trauma to pulp.
4. Saves time of chair assistant.
5. Avoids use of anesthesia in many cases.
6. Findings reveal no harmful effects from desiccation of pulp.

When ordering, specify make of Handpiece used.



ADVANTAGES of Conthermo

- Plastic tubing slips on air or water cut-off tip, plain water syringe, or water spout, and spray bottle.
- Gives patient something to do for distraction.
- No movable parts to go out of order.
- Simpler, more economical to install and operate.
- Stainless Steel Tube is thin, light and not bulky. Does not interfere with operation.
- Made in 2 Sizes to fit every make of Handpiece.

Sold by Reliable Dealers Everywhere

Manufactured by

UNION BROACH CO., Inc. — 37 W. 20th St. NEW YORK 11 N. Y.

FOR YOUR CHILD PATIENTS

REVELATION

TOOTH POWDER

RULES:

1. Brush teeth and gums at least twice daily.
2. Place a check in the proper space each time this is done.
3. A score of 27 days or more during one month entitles the user to a free sample of REVELATION TOOTH POWDER and a

Score Card

	A. M.	P. M.		A. M.	P. M.
1st DAY			16th DAY		
2nd DAY			17th DAY		
3rd DAY			18th DAY		
4th DAY			19th DAY		
5th DAY			20th DAY		
6th DAY			21st DAY		
			22nd DAY		
			23rd DAY		

ANOTHER REVELATION INNOVATION!

Our Score Card offers a definite incentive for the child patient to start a regular tooth brushing program. Upon return of completed card, we send your patient a prize and a sample of Revelation Tooth Powder. *Score Card includes your name,* to indicate that the child has had dental care. You are invited to order any number of these cards that you might use to advantage for a period of one month. After that we shall be very glad to supply additional copies.

AUGUST E. DRUCKER CO., 2226 Bush Street, San Francisco, 15

Please send ..... Score Cards.
(How many?)

Dr. .....

Address .....

City .....Zone....State.....

ON YOUR PROFESSIONAL STATIONERY. OH-12-47

Always Dependable

Research ORALLOY

You can depend upon the uniform purity and reliability of Research Oralloy . . .

- It complies with A.D.A. Specification No. 1.
- It is free from all contamination.
- It fits mercury-alloy dispensers; will not soil or smudge the hands.
- It amalgamates in 1 minute; carves smoothly for 15 minutes after mixing.
- It has a high silver content; resistant to tarnishing or corrosion.
- It affords low flow, insuring permanence of shape, constancy of contact points, etc.
- It offers desirable expansion which permits greater latitude in mixing and packing.
- Possesses great crushing and edge strength; high resistance to stress of mastication.
- Each batch is tested; each batch is uniform.

PRECIOUS METALS *Research* WORKS, INC.

230 WEST 41st ST., NEW YORK 18, N. Y.

You buy PROVEN PERFORMANCE when you buy a Foredom ENGINE!

Here are only two models of a most complete line of dental engines—both cable and all cord types—which have been serving the profession for a quarter century. Now that Foredoms are freely obtainable, why pay premium prices for makes which have yet to prove their merits.

MODEL 505 CABLE ENGINE

Just what you need for those odds and ends of work away from the chair. Saves your office engine. Price $19.95. Foot-operated speed control is $4.85 additional. Other heavier duty models at proportionately reasonable prices.

MODEL 88 ALL CORD ENGINE

A quality engine sturdily constructed to give years of satisfactory service and attractively designed to grace the finest office. Motor has forced draft air-cooling feature and is reversible. Price, including a superior quality triple section arm and foot-operated speed control $70.50. Handpiece extra. Also available are wall and table models at similarly attractive prices.

Ask your dental depot regarding Foredoms or write us direct if he cannot supply you. Catalog 145 on request.

FOREDOM ELECTRIC CO.
27 Park Place, New York 7, N. Y.

THE NEWER CONCEPT . . .

of DENTAL CARIES ETIOLOGY

Recent histopathological research[1,5] in the etiology of dental caries supports the concept advanced by Dr. Bernhard Gottlieb[2] . . . that the pathogenesis is primarily a proteolysis of the organic substance of the tooth . . . the result of penetration by microorganisms through the organic tracts of the enamel, principally the lamellae.

of CARIES PROPHYLAXIS AND DESENSITIZATION

As a logical prophylactic measure, Dr. Gottlieb[3] has recommended impregnation with solutions designed to effectively *block* and *seal* the organic roads of bacterial invasion through a principle of protein coagulation and precipitation of an organic insoluble salt. A concomitant feature of impregnation is that of *desensitization.*

and CLINICAL CONFIRMATION

Dr. Harold Younger[4], employing the Gottlieb Principle of Impregnation, reported the following:—One year after impregnation, children showed only .44 new cavities per child, while the control group showed 4.2 cavities per child. Three years later, the treated mouths showed *only* .33 cavities per mouth, while the control group exhibited 3.5 cavities per mouth.

IMPREGNOL 1, 2, 3

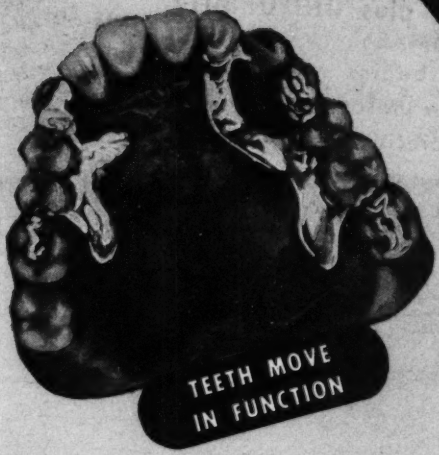
. . . the convenient, ready to use unit contains the impregnating solutions based upon the research of Dr. Bernhard Gottlieb and conforms to the latest development in formulation.

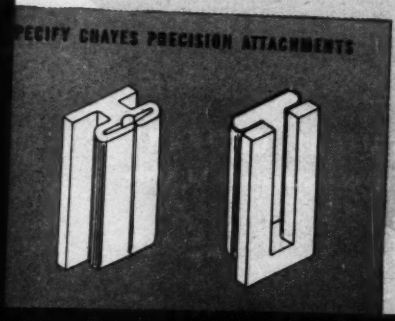
BIBLIOGRAPHY . . . (1) Gottlieb B., Diamond M. and Applebaum E., Am. Jr. of Orthodontics & Oral Surg., V 32, No. 6, P 365-379, June 1946. (2) Gottlieb B., Ztschr. f. Stomatol, 19: 129, 1921. (3) Gottlieb B. and Hinds E., Jr. Dent. Res. 21, 317, 1942. (4) Younger H., Freeman Clinic for Children, Dallas, Tex. (5) Frisbie, H. E. and Nuckolls, J., Jr. Dent. Res., 26: 181, 1947.

NATIONAL SYNTHETICS, INC., 270 Lafayette St., N. Y., N. Y.
Gentlemen: Kindly send the following:—OH 12
. . . . . Literature
. . . . . Units IMPREGNOL at $4.50 per unit
☐ CHARGE ☐ CHECK ENCLOSED
Dr. .....
Address .....
City ..... Zone ..... State .....
Dealer .....

The Profession's

CHAYES MOVABLE-REMOVABLE BRIDGEWORK

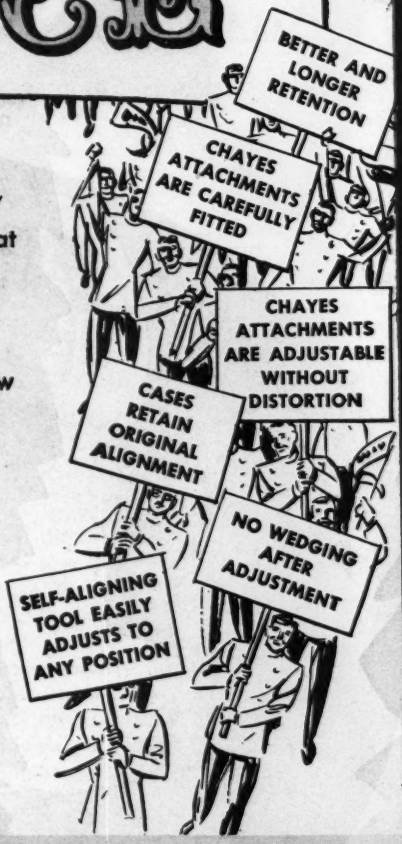




READILY OBTAINABLE

Chayes Bridgework is obtainable from any good laboratory. You need only prepare the abutment teeth for the three-quarter crowns or inlays which carry the attachments and provide accurate impressions and bites.

"CHOICE"



• That teeth move in function is fact, not fiction. Therefore, it is obvious that artifical restorations should be constructed so as to avoid undue strain on abutments as well as to allow the bridge a limited amount of movement under mastication.

This can best be accomplished by utilizing the Chayes System of Movable-Removable Bridgework.

That Chayes Precision Attachments are *the profession's choice* attests to their logical superiority.

CHAYES

DENTAL INSTRUMENT CORP.

460 WEST 34th STREET • NEW YORK 1, N. Y.

Manufacturers of

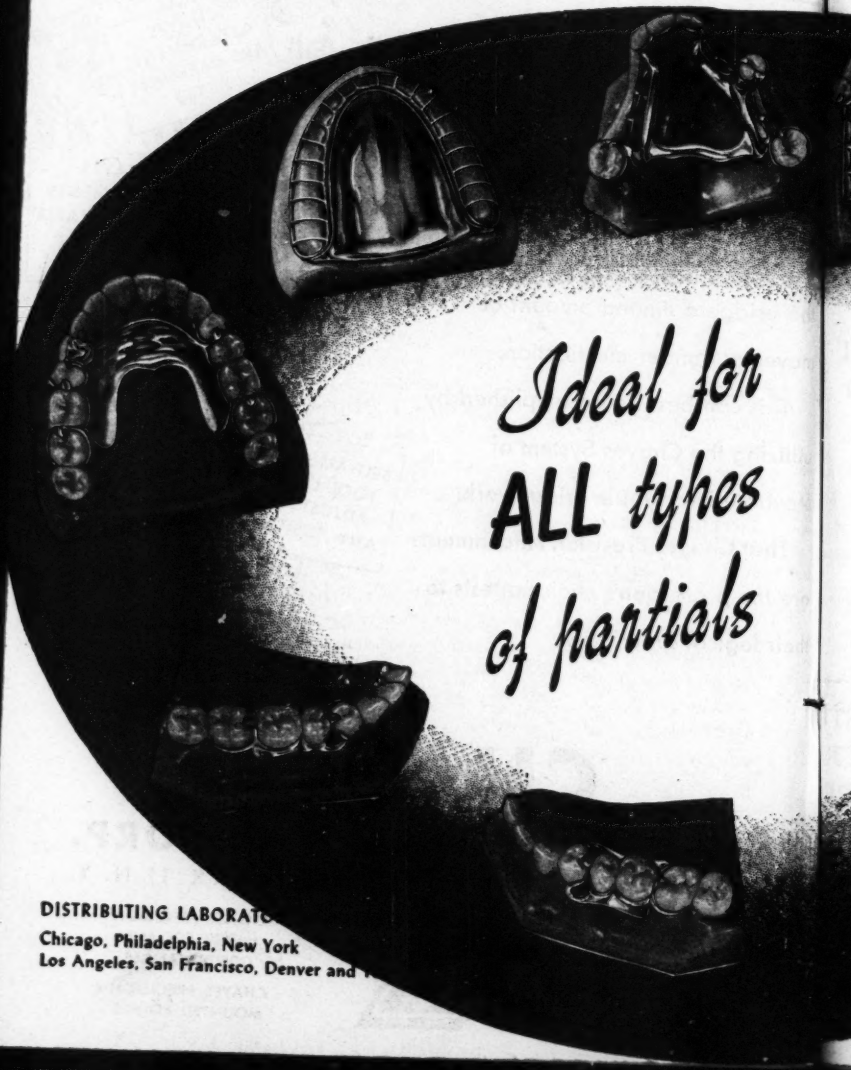
CHAYES PRECISION ATTACHMENTS

CHAYES PRECISION INSTRUMENTS FOR DENTISTRY

CHAYES PRECISION HANDPIECE AND CONTRA ANGLE

CHAYES PRECISION MOUNTED POINTS

ilium . .



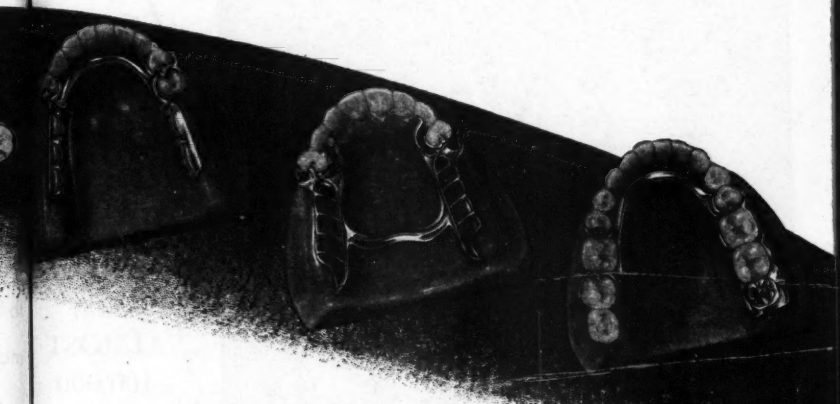
Ideal for
ALL *types*
of partials

DISTRIBUTING LABORATO

Chicago, Philadelphia, New York
Los Angeles, San Francisco, Denver and

ARISTOCRAT OF CHROMIUM ALLOYS

12 Years of Successful Service



Light, lustrous and *lasting* Nobilium is the ideal ch... for ALL types of cast restorations. The low specific gravity, strength and desirable resiliency of this outstanding alloy provide the many physical qualities so essential in the LARGE and DIFFICULT cases as well as the small and simple ones.

Shown here is a wide variety of successful Nobilium restorations including an increasingly popular full-palate denture because of the thermal conductivity it affords. Full cast cases, lingual bars, palatal bars, skeleton cases—uppers and lowers, appliances replacing a single tooth or a full complement of teeth are *practical* and *pleasing* when processed with strong, resilient Nobilium.

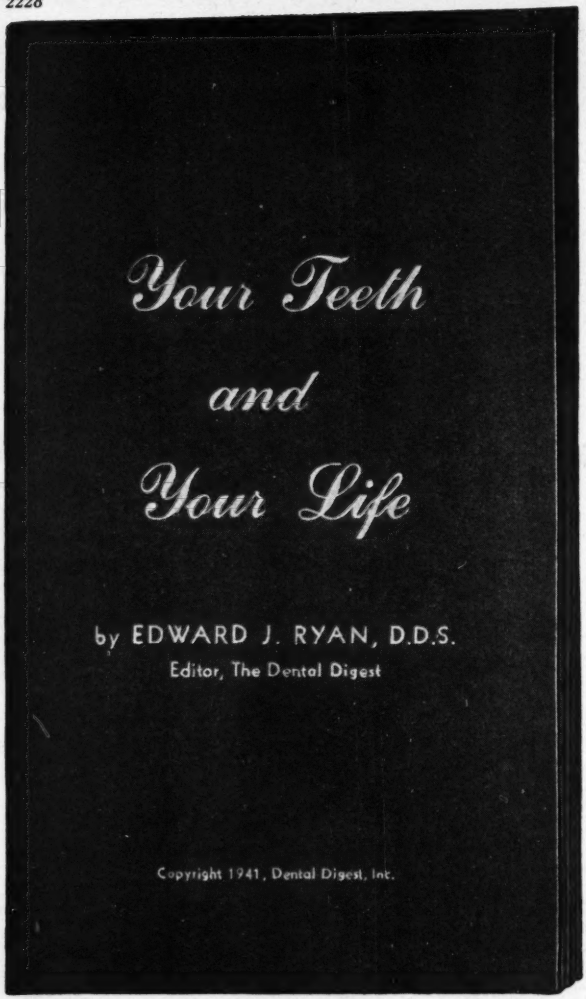
Now the leading alloy in many cities throughout this country and Canada, Nobilium is winning new friends everywhere. Ask your laboratory to use Nobilium in processing your restorations. You will be pleased, and so will your patients.

...RODUCTS, INC.

...ILADELPHIA 3, PENNA.

...AVENUE, CHICAGO 2, ILL.

...AY, NEW YORK 3, NEW YORK



(Actual Size)

Ethi

for ptie

★

TOTAL SALES NOW ALMOST 400,000

★

CLIP THIS FORM→ AND PASTE ON YOUR ENVELOPE

Dental Digest, 1005 Liberty Avenue, Pittsburgh 22, Pa.

Here is $.....covering.....copies of Your Teeth and Your Life.

Dr. .....

Address .....

Dealer .....

ical Material

tient distribution . . . . . .

Here is a comment, typical of others being received daily: "Your small booklet entitled *Your Teeth and Your Life* is one of the finest pieces of literature for the patient that I have come across. In fact I think so much of it that I am mailing it to my patients regularly"—H. A. T.,Philadelphia. *One practitioner in Georgia has ordered* 100 *copies each month for the past six years!* Isn't this tangible proof of the value of this pamphlet, sales of which are now close to 400,000.

Your Teeth and Your Life is illustrated with ten charts printed in two colors. They tell the essential story of the value of proper and periodic dental care, and the danger of neglect. It can be used (1) in the reception room, (2) as a statement enclosure, (3) for patients upon dismissal, (4) distribution to Parent-Teacher groups, (5) for distribution to children by school dentists, (6) enclosure with patient recall cards.

Why not order a quantity today? Prices are low —25 for $1.00, 100 for $3.00. Use coupon on opposite page.

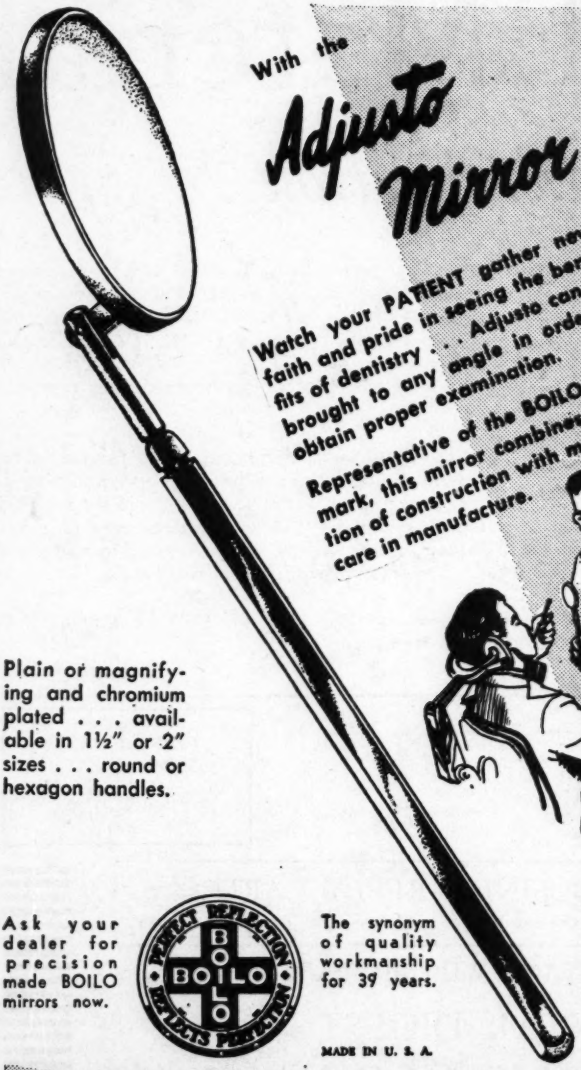
FIRST CLASS
PERMIT No. 1158
(Sec. 510 P. L. & R.)
PITTSBURGH, PA.

BUSINESS REPLY CARD
No Postage Stamp Necessary If Mailed In The United States

POSTAGE WILL BE PAID BY

DENTAL DIGEST
1005 LIBERTY AVENUE

ATT.: Mr. R. C. Ketterer PITTSBURGH 22, PA.



With the

Adjusto Mirror . . .

Watch your PATIENT gather new faith and pride in seeing the benefits of dentistry . . . Adjusto can be brought to any angle in order to obtain proper examination.

Representative of the BOILO trademark, this mirror combines perfection of construction with meticulous care in manufacture.

Plain or magnifying and chromium plated . . . available in 1½" or 2" sizes . . . round or hexagon handles.

Ask your dealer for precision made BOILO mirrors now.

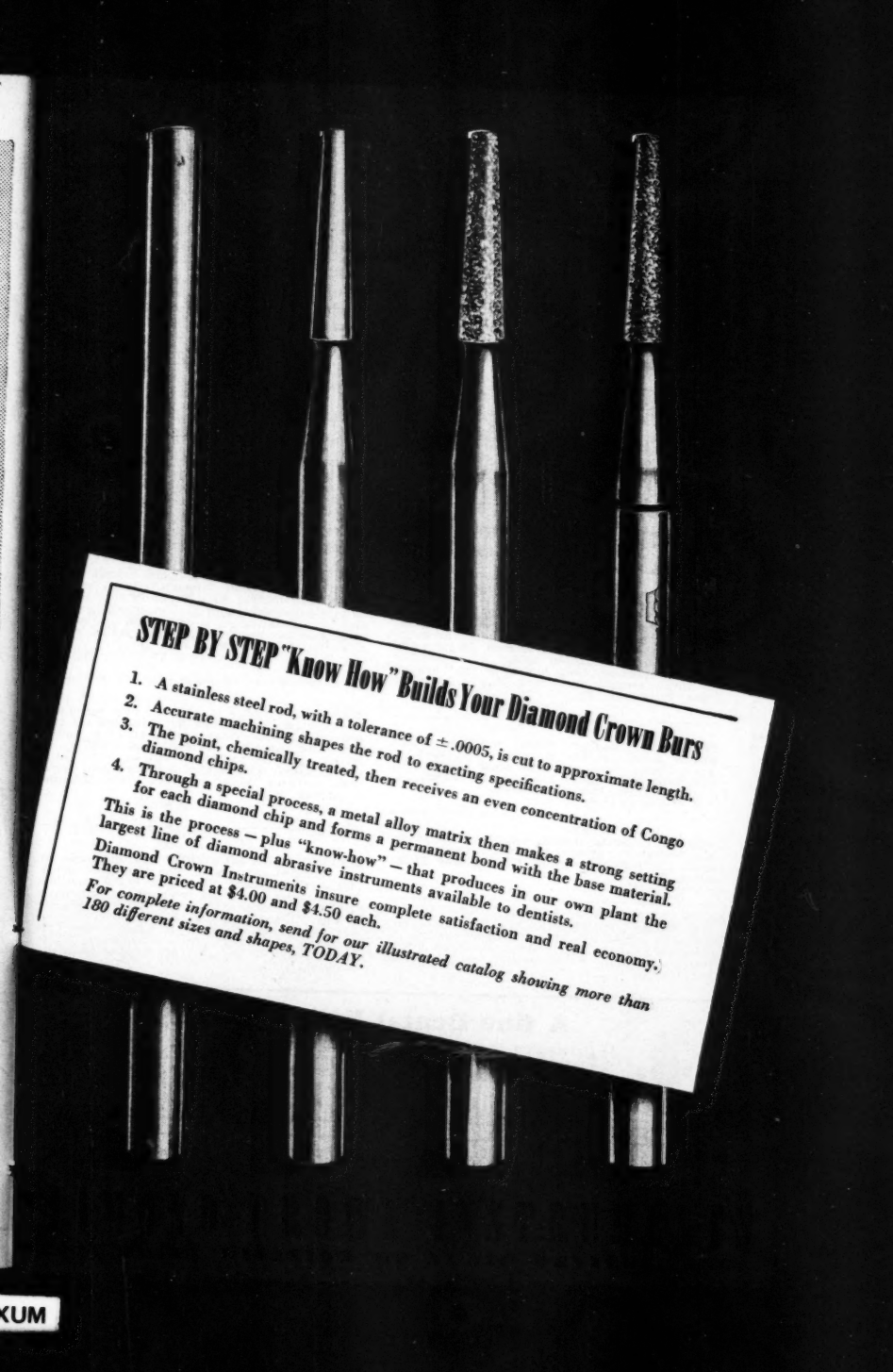
The synonym of quality workmanship for 39 years.

MADE IN U. S. A.

Anzell Specialty Manufacturing Co. Inc.

39-45 FRONT STREET • Established 1907 • BROOKLYN 1, N. Y.

Largest Manufacturers of Dental and Surgical Mirrors in the World


STEP BY STEP "Know How" Builds Your Diamond Crown Burs
1. A stainless steel rod, with a tolerance of ± .0005, is cut to approximate length.
2. Accurate machining shapes the rod to exacting specifications.
3. The point, chemically treated, then receives an even concentration of Congo diamond chips.
4. Through a special process, a metal alloy matrix then makes a strong setting for each diamond chip and forms a permanent bond with the base material.
This is the process — plus "know-how" — that produces in our own plant the largest line of diamond abrasive instruments available to dentists.
Diamond Crown Instruments insure complete satisfaction and real economy. They are priced at $4.00 and $4.50 each.
For complete information, send for our illustrated catalog showing more than 180 different sizes and shapes, TODAY.

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is $3.

FOR SALE: Dental office in Farmingdale, N. J. Used as a branch office. Equipment includes Weber Unit, Harvard chair, Ruby cabinet. Reasonable. Inquire P. O. Box 148, Belmar, N. J.

FOR SALE: Two-chair office, with complete laboratory. Located on first floor of business section in town of one hundred thousand population, in eastern Pennsylvania. Owner retiring. "396" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Long and well-established dental practice located in Boonville, New York. Population two thousand. Prosperous town. Office well equipped and can be rented if taken soon; also assistant hired. Reason for selling, death of dentist. Fine opportunity for the right dentist. Jessie J. Seavey, Executor, Boonville, N. Y.

A-1 all-around lab man would like to open a one-man lab in a small town in a dry climate. Any town interested? "400" Oral Hygiene, Pittsburgh, Pa.

Established high-class laboratory in Texas wants A-1, all-around technician, from setup to finish, to crown and bridge work. Must have fine background to take charge of a branch laboratory in Texas on a commission basis. High monthly salary guaranteed. Only high type man looking for future security need apply. "397" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Missouri dental practice. Owner leaving state. Located in county seat town of ten thousand population. Five other dentists. All equipment. Price thirty-five hundred dollars. Dr. J. K. Morrison, Mexico, Missouri.

FOR SALE: Dental practice established 35 years; also equipment. Located in Ohio. Price: twenty-seven hundred dollars. "402" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to health; New Jersey practice, complete office, x-ray and dental equipment, established fifteen years, very reasonable price. Douglas W. Kent, 265 Bloomfield Ave., Caldwell, N.J. Caldwell 6-3737.

POSITION WANTED: Gold and denture technician desires position with private practitioner in Chicago or Denver, or vicinity thereof, preferably. References. "399" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Illinois modern dental office, with exception of x-ray. Established twenty-five years. Fine corner location. Will introduce buyer. Reason for selling, ill health. Dr. L. L. Anshutz, Peoria, Ill.

FOR SALE: Due to death, Florida practice in large city; established twenty years. Good industrial and agricultural center. Three chairs, gas machine, air compressor and large fully equipped laboratory. "401" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Completely equipped modern three-chair office. Available January 1, 1948. Excellent location in central New York. Prosthetics and surgery constitute major portion of practice. Will stay on to introduce patients and instruct in surgery under nitrous oxide if desirable. "403" Oral Hygiene, Pittsburgh, Pa.

WANTED: A dentist to work for fifty percent of the cash he takes in; he must furnish his own instruments and contra angles; all other equipment and expense will be taken care of by myself. Will be willing to sell by June, 1948. Option to buy will be given consideration. Location, northern Wisconsin. "404" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE? Why not also use the classified columns of The Dental Students' Magazine? National circulation 10,200 monthly. This includes over 3,000 recent dental graduates (U.S.A. and Canada). Many of these readers are looking for an opportunity such as you have to offer. Our rates, $2.50 for 50 words or less. 10c per word additional; check with order. Write Dental Students' Magazine, 605 N. Michigan Ave., Chicago 11, Ill.

Minimax Alloy

Florida's fantastic and fabulous everglades—an eerie land of tropic and exotic fascination, presents an ever changing picture of Nature's physical forces. The Everglades National Park, dedicated this month, will focus popular attention on this strange wonderland.

Natural forces and effects are ever present in amalgam work. Adverse changes in the properties of amalgam occur with ever present variables—the size and accessibility of cavities, the variance in sizes of mixes, vigor of manipulation, technics.

To guard against filling failures due to the effects of Nature's forces, use MINIMAX ALLOY No. 178—the amalgam alloy that is fabricated to permit a wider leeway in manipulation. In your hands Minimax Alloy will meet all alloy specifications; its essential properties will not be destroyed by the unavoidable variables in every day practice. For lasting satisfac tion be sure to specify, "Minimax."

For best results, mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience, Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

Complies with A. D. A. Specifications No. 1 Filings suitable for alloy-mercury gauges.

THE MINIMAX COMPANY
185 N. Wabash Ave.
Chicago 1, Ill.

WHO'S WHO AND WHERE

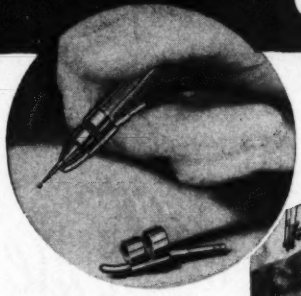
ADVERTISING INDEX

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions

A.L. BARBER CO. ASHLAND, OHIO PRINTED IN U.S.A.

Frictional HEAT Eliminated

THERM·*Ex* SPRAY



● THERM-Ex SPRAY *effectively cools* burs, diamond points, stones, discs during cavity preparation with its atomized water spray.

The special "Atomizer" attached to your spray bottle is adjustable to vary the volume of spray. Rubber tubing connects the "Atomizer" with the THERM-Ex SPRAY snapped onto handpiece or contra-angle. Patient presses air-cut off when sensing pain or as directed.

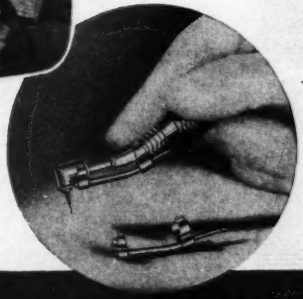
● THERM-Ex SPRAY *alleviates pain* through continuous removal of frictional heat from rotating tool.

● THERM-Ex SPRAY *reduces discomfort* to the patient, minimizes "fear of drilling"... eliminates need for local anesthetic.

● THERM-Ex SPRAY *saves operating time* by permitting longer periods of sustained and faster operation.

PATIENT OPERATED

Controlled by the patient THERM-Ex provides psychological distraction from the operation.



AVAILABLE AT YOUR DENTAL SUPPLY HOUSE

HANAU ENGINEERING CO., INC.

PROVED

BY VOLUMES OF *Case Histories*

WILLIAMS

"6" *All Purpose*

CASTING GOLD

WITH INDIUM

● Practical results, over a period of a quarter century, have established the superiority of Williams "6" *All Purpose* casting gold for all types of restorations...inlays, fixed bridgework and partial denture cases...It affords ideal physical properties to meet your everyday needs: dependable castability; exceptional strength, yet light weight and resilient, and not too hard for tooth enamel. By standardizing on Williams "6" you are also assured of color harmony in the mouth. Specify Williams "6" to your dealer or laboratory. Note the difference in the precision and non-discoloration of the finished restoration.

WILLIAMS GOLD REFINING CO., INC.

BUFFALO 14, N. Y. · FORT ERIE N., ONTARIO · HAVANA, CUBA

In the crisp fall air, a whistle blows . . . toe meets pigskin and the game is on. The impact of cleated shoe against leather-covered ball re-occurs dozens of times in the course of the contest. But think of the frequency of the force that is applied on gold inlays and the countless times that teeth are occluded in the course of a day . . . every day.

Tinker #2 is a Spyco gold designed to withstand the constant battering of opposing teeth under the most adverse conditions. It's recommended for *hard inlays, 3/4 crowns* and *cast bridgework* where great strength is essential and minimum bulk is desirable. It has an exceptionally high platinum content and is guaranteed to comply with A.D.A. Specifications, Type C Inlay Golds . . . $2.30 per dwt.

Tinker #1 is a medium hard inlay gold for general inlay work. It has sufficient hardness to prevent spreading of gingival margins under setting or the natural forces of mastication—yet it burnishes beautifully. Certified to comply with A.D.A. Specifications, for Type B Inlay Golds . . . $2.25 per dwt.

There is a dependable Spyco gold for every purpose. Your dealer carries these Spyco products: casting golds, clasp wires, lingual bars, orthodontia materials, plates and solders. Complete information available promptly on request. Write today.

SPYCO

Send us your scrap thru your dealer

Healthy gingival circulation

IPANA + massage

Today, our soft fine diet and lax habits of mastication do little to promote healthy gingival circulation. Flaccid gum margins and tissue fissures, frequently encouraging gingival infection, may be the result.

IPANA plus massage has proved effective over many years in stimulating gingival circulation. You may confidently recommend this sound technique of oral hygiene.

A Product of
BRISTOL-MYERS COMPANY
19 West 50th St., New York 20, N. Y.

IPANA

TOOTH PASTE